

2023

Mental Health Impacts of COVID-19 and Clinical Services in Elementary Schools

Dr. Hannah Cobb
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Clinical Psychology Commons](#), and the [Social Work Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Health

This is to certify that the doctoral study by

Hannah Cobb

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Sunday Fakunmoju, Committee Chairperson, Social Work Faculty
Dr. David Pollio, Committee Member, Social Work Faculty
Dr. Debora Rice, University Reviewer, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Mental Health Impacts of COVID-19 and Clinical Services in Elementary Schools

by

Hannah Cobb

MSW, The University of Oklahoma, 2013

BSW, Northwestern Oklahoma State University, 2011

Doctoral Research Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2023

Abstract

The COVID-19 pandemic has negative effects on children, adolescents, and adults. Despite these effects, information about the nature of mental health concerns and services provided to address these concerns by elementary school counselors is unknown. The purpose of this generic qualitative study was to examine mental health concerns elementary school counselors observed among kindergarten through fourth grade students in urban Oklahoma during the COVID-19 pandemic, how they described clinical services provided to address these concerns, and how they decided to provide these services. The study was grounded in Bronfenbrenner's ecological systems theory and Erikson's theory of psychosocial development to explore psychosocial factors that may contribute to students' mental health problems as a result of the COVID-19 pandemic. Thematic analysis of semi-structured interviews with 10 school counselors was performed. Findings suggested that school counselors witnessed struggles involving social and emotional regulation, anxiety and depression, and behavior and adjustment difficulties among students, addressed concerns using multiple methods that included counseling, social-emotional learning, and parent engagement, and reached decisions to address identified concerns using referrals, universal screeners, professional judgment, and directives from leadership. The study promotes positive social change by guiding school counselors on intervention and prevention strategies and drawing attention to the need for a compelling and sustainable framework for addressing mental health needs of children during a pandemic.

Mental Health Impacts of COVID-19 and Clinical Services in Elementary Schools

by

Hannah Cobb

MSW, The University of Oklahoma, 2013

BSW, Northwestern Oklahoma State University, 2011

Doctoral Research Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2023

Dedication

To my grandparents, Jim and Peggy Lamer, who taught me the value of work ethic and instilled in me the idea that working hard will lead to achievement. To my children, Raegan, Boston, and Davis who inspire me daily to continue reaching for my goals. Your curiosity in my work kept me motivated and my hope is that your curiosity will lead you to achieve your dreams as well.

Acknowledgments

I would like to acknowledge and thank my committee members for their guidance, support, and feedback given throughout this journey.

I would also like to give special thanks to my husband Joe for his continuous support, encouragement, and for helping me through challenges that I faced throughout the process, and for caring for our children while I was working on this project during late nights and long weekends.

Lastly, I am especially thankful for my children for their understanding of my commitment to this project.

Table of Contents

List of Tables	vi
Section 1: Foundation of the Study and Literature Review	1
Problem Statement	3
Purpose Statement and Research Questions	6
Definitions.....	9
Nature of the Doctoral Project	11
Significance of the Study	13
Theoretical/Conceptual Framework.....	15
Values and Ethics.....	23
Review of the Professional and Academic Literature.....	25
COVID-19 and Mental Health.....	26
Mental Health and Clinical Services Before COVID-19 in Schools	29
Mental Health and Clinical Services in Schools During COVID-19	31
COVID-19 and Distance Learning	35
COVID-19 and Virtual School Counseling	36
Interventions in Schools Provided by Elementary School Counselors and Mental Health Professionals	38
Type of Mental Health Problems and Behaviors Observed Among the Population of Interest during COVID-19	45
COVID-19 and Quarantining.....	47
COVID-19 and Parental, Caregiver, and Family Stress	49

COVID-19 and Behaviors in Young Children.....	51
COVID-19 and Behaviors in Older Children	52
COVID-19 and Vulnerability of Children with Special Needs or Preexisting Mental Illness	53
COVID-19 and Students’ Return to School.....	54
Addressing Mental Health Concerns	56
Challenges	60
Methodological Progression and Evolution of Research on Mental Health and Clinical Services in Schools: Gaps in Practice and Research and the Need for Qualitative Research	60
Summary	62
Section 2: Research Design and Data Collection	64
Research Design.....	65
Role of the Researcher	66
Methodology.....	69
Instrumentation	74
Data Analysis	76
Threats to Validity	78
Ethical Procedures.....	79
Confidentiality	80
Voluntary Nature of Study.....	81
Risks and Benefits of Participating in the Study	81

Summary	82
Section 3: Presentation of the Findings	84
Data Analysis Techniques.....	84
Limitations and Problems	87
Findings.....	88
Saturation Assessment	89
RQ1.....	90
Emotional Regulation	90
Anxiety and Depression	91
Behavior and Adjustment Difficulties	93
Conceptual Framework.....	95
RQ2.....	97
Counseling	98
Social-Emotional Learning	99
Multiple Methods of Delivering Clinical Services	101
Parent Engagement	101
Conceptual Framework.....	102
RQ3.....	105
Referrals	105
Universal Screener	106
Professional Judgment	106
Directives from Leadership.....	107

Conceptual Framework	108
Key Findings.....	110
RQ1.....	110
Emotional Regulation	110
Anxiety and Depression	111
Behavior and Adjustment Difficulties	112
RQ2.....	113
Counseling	113
Multiple Methods for Delivering Clinical Services	114
Social-Emotional Learning	115
Parent Engagement	116
RQ3.....	117
Referrals	117
Directives from Leadership.....	118
Universal Screener	118
Professional Judgment	119
Unexpected Findings.....	120
Summary	121
Section 4: Application to Professional Practice and Implications for Social Change	123
Application for Professional Ethics in Social Work Practice	129
Recommendations for Social Work Practice	132

Transferability	137
Limitations	138
Implications for Social Change.....	140
Summary	141
References.....	144
Appendix A: Demographic Questionnaire.....	159
Appendix B: Interview Protocol.....	160

List of Tables

Table 1. Presentation of Findings	89
Table 2. Code Frequency for RQ1	96
Table 3. Code Frequency for RQ2.....	104
Table 4. Code Frequency for RQ3.....	109

Section 1: Foundation of the Study and Literature Review

The COVID-19 pandemic has impacted mental health worldwide, particularly young adults (Hawke et al., 2020). In addition, mental health symptoms of elementary-aged students are presenting in school settings and may hinder students from succeeding academically, socially, and emotionally (King-White, 2019). However, limited research has been completed that specifically looks at effects of COVID-19 on children's mental health and how they have been supported in school.

Children are a vulnerable population as they are still going through developmental milestones, which puts them at risk for adverse impacts that may affect their academics and decision-making skills (Hawke et al., 2020). In addition, risk of exposure to COVID-19 led to socializing restrictions including social isolation, social distancing, quarantining, and school closures. These disruptions may contribute to anxiety, mood, and thought disorders (Sharma et al., 2020). Amid the emergence and worsening of mental health symptoms experienced by students since the start of the COVID-19 pandemic, it is imperative to explore how COVID-19 has impacted children's mental health, what clinical services have been implemented to address these impacts, and how elementary school counselors came to the decision to implement these clinical services.

Elementary school counselors play a crucial role in addressing students' mental health in the school setting, as they are integral members of the schools they serve and responsible for supporting students, helping them learn coping strategies, and helping them feel safe (Buckley & Robello, 2021). According to the North Carolina Department of Public Instruction (n.d.), many elementary school counselors assist students with

overcoming learning barriers and use strategies to address needs of at-risk students by providing them with short-term and solution-focused counseling services. These may include assessing school climate, classroom guidance, group and individual counseling, and crisis response (Nichols et al., 2017).

Additionally, as elementary school counselors adapt to the role of addressing mental health challenges impacted by COVID-19, knowing what clinical services have been implemented and why those services were chosen has become vital. According to King-White (2019), students in need of mental health support are more likely to attempt to access services in school settings rather than through an outside agency, making it imperative that elementary school counselors develop and implement mental health models for students in the school setting. For elementary school counselors to continue providing necessary support, they need to know what impacts COVID-19 has had on students' mental health.

This qualitative study involved understanding elementary school counselors' observations of effects of COVID-19 regarding mental health of kindergarten through fourth grade students in urban Oklahoma, what clinical services were used to address the mental health challenges, and how they came to the decision to implement these clinical services. This study has the potential to address the impact COVID-19 has had on elementary-aged students' mental health, as well as what social-emotional interventions and clinical services have been efficient in terms of addressing these mental health challenges in the school setting, thus improving students' social-emotional development and academic success. This study may provide evidence that is needed to create a

compelling and sustainable framework for addressing mental health needs of children during a pandemic.

Problem Statement

The problem is that COVID-19 brought about mental health challenges for kindergarten through fourth grade students (ages 5 to 11), and it was not clear what mental health concerns had been observed by elementary school counselors during the COVID-19 pandemic, what clinical services were provided, and why they were selected.

The issue that prompted me to address this topic is lack of information regarding how COVID-19 has impacted the mental health of Oklahoma kindergarten through fourth grade students and clinical services elementary school counselors used to manage or treat these impacts. Additionally, as more students begin to experience mental health symptoms due to COVID-19, it is important to identify COVID-19's impacts on children and clinical services used to address those impacts. In addition, there is a concern among elementary school counselors regarding what supports and services should be put in place to meet needs of students in schools during the pandemic. Elementary school counselors are essential in terms of providing social and emotional, academic, and personal support as well as vocational guidance for students (Ernst et al., 2017). In many schools, elementary school counselors may be the only trained mental health providers; therefore, they are in a vital position for providing mental health interventions (Pincus et al., 2021). For elementary school counselors to provide necessary support, they need to know what has impacted mental health and mental health behaviors of students they serve. Knowledge of elementary school counselors' observations and perceptions of the impact

COVID-19 has had on students' mental health and what clinical services were used to manage these impacts can explain how to decrease negative behaviors and support students in order to improve their mental health and overall wellbeing.

On March 13, 2020, the federal government declared a state of emergency in response to the COVID-19 outbreak (Federal Emergency Management Agency [FEMA], 2021). Many states enacted lockdowns to prevent the spread of the virus and reduce risk of exposure to COVID-19 (Rothstein, 2020). On April 1, 2020, Oklahoma governor Kevin Stitt implemented the state's emergency operations plan, which prohibited social gatherings with more than 10 people. Prohibiting of social gatherings meant mandatory school closings for Oklahoma. Clemens et al. (2020) noted children are a vulnerable population, and school closures exacerbated children's mental health symptoms due to increases in stress and decreases in coping resources and support. According to Okuyama et al. (2021), quarantine, social distancing, and self-isolation have negatively impacted mental health of individuals. As a school social worker in an Oklahoma school district, after schools began to reopen in August 2020, I began to observe some of the students were experiencing stress, fear, excessive worrying, anxiety, and depression symptoms that were not present before the pandemic. Also, I was receiving more referrals to assist students with maladaptive behaviors that were not present before. Some of the behaviors I observed included students refusing to work, hiding under desks, social withdrawal, and disruptive classroom behaviors. Długosz (2021) identified children have been affected by the COVID-19 pandemic and the lower the age, the higher their depression and anxiety symptoms may be. More research needs to be conducted to understand impacts on

students' mental health for those younger than 12. There is a need for social support and early psychological intervention for children during a pandemic (de Miranda et al., 2020). Although researchers have investigated this issue, the topic has not been explored in this way. Many studies have been conducted focusing on effects or impacts of COVID-19 on the mental health of adults or adolescents, with limited focus on kindergarten through fourth grade students who are 11 and younger. In Participants or focus group members were typically 18 and older. My study was focused on elementary-aged students between 5 and 11, as this is a vulnerable population. Also, many studies focus specifically on individuals who have preexisting mental health disorders or been assessed for them.

In my study, I focused on elementary school counselors' observations of students they serve, including students who may or may not be diagnosed with mental health disorders, as well as those who may or may not have had mental health assessments. Much of the research contributing to this topic has been conducted using a quantitative approach, and I explored this topic using a qualitative approach. The qualitative approach was used to provide rich and descriptive data regarding perceptions and opinions of elementary school counselors.

Additionally, many articles have focused their research efforts outside of the U.S. My study contributes to filling this gap by focusing on kindergarten through fourth grade students specifically in urban Oklahoma. There is evidence that mental health interventions are needed in schools to address children's mental health challenges. However, there is limited research regarding mental health concerns observed in students

by elementary school counselors, what clinical services they implemented, and how they decided to provide clinical services they selected.

Purpose Statement and Research Questions

This study was created to fill a social work practice gap via qualitative descriptions of elementary school counselors' observations involving mental health concerns of elementary-aged students in urban Oklahoma during the COVID-19 pandemic, what clinical services were provided to address these concerns, and how they arrived at decisions to provide clinical services. According to O'Sullivan et al. (2021), "some groups may be more vulnerable to the psychosocial effects of the COVID-19 pandemic than others because they are in a critical period of development, with half of all mental health disorders developing before the age of 14" (p. 2). By conducting this research, elementary school counselors' experiences, observations, and opinions involving COVID-19 and its effects on vulnerable kindergarten through fourth grade students were identified to inform social work practice, leading to improved implementation of mental health services. Elementary school counselors from an urban Oklahoma school district were interviewed about their observations of this topic, what clinical services they provided, and how they came to decisions to provide those clinical services. I used Bronfenbrenner's ecological systems theory (EST), which posits that an individual's environment influences their behavior. Therefore, if children are experiencing negative consequences of COVID-19 in their environment, it is probable they may be experiencing impacts on their mental health and wellbeing. According to Chigangaidze (2021), because of "the magnitude of the pandemic, the ecological systems

approach becomes vital in exploring both clinical and developmental social work interventions” (p. 100).

Bronfenbrenner (1977) proposed that individuals are impacted by four interconnected systems: the microsystem, mesosystem, exosystem, and macrosystem. Each of these systems were relevant and explored in this study. The microsystem refers to environments, such as homes, schools, and neighborhoods. Via this system, children have direct interactions with their families, teachers, school counselors, and peers (Guy-Evans, 2020). The mesosystem represents connections between microsystems. An example of this level in the school setting may be interactions between students and school counselors involving displaying mental health symptoms and school counselors working with families and students by providing mental health interventions to students at school and home. The exosystem represents indirect environmental factors like government, local commerce, and parent workplaces. An example of this level may be parents’ work-related stress during the COVID-19 pandemic being transferred onto the child in their home environment. Lastly, the macrosystem represents cultural and societal beliefs, such as values, resources, laws, and customs (Henderson et al., 2020). An example of this is belief systems that students or families have about mask mandates in public places or beliefs about vaccinations, as well as societal pressures to conform to others’ beliefs.

I also used Erik Erikson’s theory of psychosocial development to understand psychosocial factors that may also be contributing to mental health behaviors of students as a result of COVID-19. Erikson’s theory of psychosocial development includes eight

stages of human development that are experienced throughout the lifespan, from birth to late adulthood (Orenstein & Lewis, 2021). The stage relevant to this study is the industry versus inferiority stage, which includes ages 5 to 12 and is also referred to as the school-age period (Orenstein & Lewis, 2021). Other stages of development are explored in further detail in Section 1.

Data were gathered through interviews and analyzed to understand elementary school counselors' observations and perceptions. Interviews were conducted in mutually agreed upon locations that allowed for privacy and confidentiality with 10 elementary school counselors who had served kindergarten through fourth grade students in urban Oklahoma before and during the COVID-19 pandemic between March 2020 through January 2022. It is important to note that in this setting, elementary schools serve students from kindergarten through fourth grade. Students in fifth through eighth grade are in middle school. The interview process included a list of questions via a semi-structured interview process. This approach allowed me to respond to participants and ask clarifying questions. I further identified elementary school counselors' thoughts and perceptions involving COVID-19 and its impacts on mental health. The following research questions were examined in this study:

RQ1: What type of mental health concerns did elementary school counselors observe among kindergarten through fourth grade students in urban Oklahoma during the COVID-19 pandemic between March 2020 and January 2022?

RQ2: How do elementary school counselors describe clinical services provided to address mental health concerns of students during the COVID-19 pandemic?

RQ3: How do elementary school counselors describe how they arrived at decisions to provide clinical services used to address students' mental health concerns?

Definitions

The following terms were used in this study:

Coronavirus (COVID-19): A “severe acute respiratory syndrome” (Mayo Clinic, 2022, para. 2).

Elementary school counselors: “Certified/licensed educators who improve student success for ALL students by implementing a comprehensive school counseling program” (American School Counselor Association [ASCA], n.d.c, para. 1). According to the ASCA (2021), a school counselor must hold at least a master’s degree in school counseling, meet state certification and licensure standards, and complete ongoing continuing education. In Oklahoma, traditionally certified school counselors must hold a master’s degree in a school counseling program and have passed the following required examinations: Oklahoma General Education Test, Oklahoma Professional Teaching Exam, and Oklahoma Subject Area Test in School Counseling (ASCA, 2021). For alternatively-certified elementary school counselors, they must hold a master’s degree in a related field that contains at least 30 credit hours related to counseling or at least 15 credit hours related to counseling with 1 year of experience in counseling related work or at least 3 years of experience in counseling related work. They must also pass the following required exams: Oklahoma General Education Test, Oklahoma Professional Teaching Exam and Oklahoma Subject Area Test in School Counseling, and must have college credit related to addressing classroom management involving general or subject-

specific pedagogical principles or something equivalent within three years of certification (ASCA, 2021). In some Oklahoma school districts, elementary school counselors who are alternatively certified may hold licensures as licensed professional counselor, Licensed Master of social work, licensed clinical social worker, licensed marriage and family therapist (LMFT), or hold a teaching certificate.

Isolation: Process which involves “separat[ing] sick people with a contagious disease from people who are not sick” (U.S. Department of Health & Human Services, n.d., para. 1).

Mental health: Emotional, psychological, and social wellbeing of individuals and effects on their thoughts, feelings, and actions (MentalHealth.gov, n.d.).

Pandemic: A disease that is “prevalent throughout an entire country, continent, or the whole world; epidemic is over a large area” (Dictionary.com, n.d.).

Quarantine: Process which involves “separat[ing] and restrict[ing] the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms” (U.S. Department of Health & Human Services, n.d., para. 1).

Social distancing: An intervention that is used to reduce the spread of COVID-19 (McKune et al., 2021).

Urban school district: City schools inside a city with a population of 250,000 or more (Teach.com, n.d.).

Nature of the Doctoral Project

To address research questions for this study, a basic qualitative study design was used. Throughout the research process, Bronfenbrenner's EST and Erikson's psychosocial development theory were used to make sense of data. I aimed to explore elementary school counselors' observations of mental health concerns involving elementary-aged students during the COVID-19 pandemic, what clinical services were provided to address these concerns, and how they decided to provide clinical services. This was accomplished through semi-structured interviews with 10 elementary school counselors from an urban Oklahoma school district.

Semi-structured interviews were appropriate and allowed me to explore perceptions of elementary school counselors as well as probe for more information and ask for clarification. Additionally, when using semi-structured interviews, researchers should consider ethical issues, developing an interview protocol, and establishing trust and rapport with participants (DeJonckheere & Vaughn, 2019).

I used thematic data analysis to analyze rich data from elementary school counselors to address mental health concerns involving elementary-aged students in urban Oklahoma, what clinical services were provided to address them, and why these clinical services were selected. Thematic analysis is a method used to systematically identify patterns or themes across a data set, which allows researchers to make sense of these patterns or themes.

I chose to conduct purposive sampling, which involved inclusion of participants based on a set of criteria. Purposeful sampling was inexpensive, not time-restricted, and

allowed me to focus on particular participants who had experience with the phenomenon under study. I focused on elementary school counselors from an urban Oklahoma school district who had provided clinical services to address students' mental health concerns before and during the COVID-19 pandemic between March 2020 and January 2022. To obtain contact information for this population, I used the school district webpage which provided email addresses for each school counselor within the district. I gained permission from Walden University's Institutional Review Board (IRB) before recruiting participants. Once I received permission, participants were contacted via email. I informed them of the study's rationale, provided informed consent information, and asked for their participation. I requested that each participant respond to the email with the words "I consent" if they wished to participate in the study. Participant confidentiality was maintained to protect identities as well as minimize any biases. Each participant was assigned a number, and names were not shared during the study.

I used a semi-structured interview approach and developed an open-ended interview guide based on identified concepts. The semi-structured interview approach was used to prepare questions ahead of time, promoting comprehensive discussion and ensuring they were open-ended so that respondents could provide detailed information. Interviews were recorded via my personal laptop audio recorder and transcribed. Responses to interview questions were coded using thematic analysis. Data are kept on my personal computer and confidential. I interviewed elementary school counselors in a confidential location of their choice virtually through Google Meet. The data collection process took place in a neutral setting for each participant. I was flexible with my time

and willing to schedule interviews at convenient times for participants. During interviews, I recorded participants' responses via the audio recording device on my personal computer and used handwritten participant observation field notes for reference.

Participants of the study were 10 elementary school counselors who serve kindergarten through fourth grade students in an urban Oklahoma school district and were employed prior to and during the pandemic between March 2020 and January 2022. Data includes observations involving mental health concerns of elementary-aged students during the COVID-19 pandemic, what clinical services they provided to address these concerns, and how they decided to provide clinical services. I interviewed 10 elementary school counselors, which led to data saturation.

Significance of the Study

The COVID-19 pandemic has impacted mental health worldwide, particularly among young adults (Hawke et al., 2020). While there is research regarding these effects on adolescents and adults, there is minimal research regarding their impact on children's mental health, specifically in Oklahoma. Lack of research made it challenging to anticipate needs of children and identify how to best support them and improve their coping skills. Mental health symptoms of school-aged students are present in the school setting and may hinder students from succeeding academically, socially, and emotionally. For elementary school counselors to continue providing necessary support, they need to know what impacts COVID-19 has had on students' mental health. Therefore, this study is significant because it shows mental health challenges that students face due to the impact of COVID-19, as well as what clinical services elementary school counselors

have implemented that have efficiently addressed these mental health challenges. Therefore, this study will contribute to prevention and intervention programs involving addressing mental health challenges related to a pandemic.

The National Association of Social Workers (NASW, 2021) posited that social workers are vital professionals in terms of addressing social problems and creating social change. Because this topic is current and remains under researched in Oklahoma, this study has the potential to lead to social change for kindergarten through fourth grade students by not only filling this gap in knowledge, but also contributing to developing prevention and intervention strategies involving mental health services for children. Results of this study can serve as a guide for elementary school counselors in terms of what clinical services may be beneficial to implement as mental health services for elementary students in school settings during a pandemic. According to King-White (2019), students in need of mental health support are more likely to attempt to access services in school settings rather than through an outside agency. Therefore, it is imperative that elementary school counselors develop and implement mental health models for students in school settings. This study provides evidence that is needed to create a compelling and sustainable framework for addressing mental health needs of children during a pandemic. In addition, this information may inform social change for this urban school district, as it provides knowledge needed to begin addressing these mental health challenges, which may lead to reduced current symptoms and prevent future mental health challenges.

Theoretical/Conceptual Framework

The theories that grounded this study were Bronfenbrenner's EST and Erik Erikson's theory of psychosocial development. The EST is used to explain ways that individuals are impacted by different and interconnected systems in their lives, including the microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1977). According to Mutumba and Harper (2015), "the microsystem comprises the complex relations between the individual and the environment in the immediate setting" (p.56). The mesosystem comprises a set of microsystems and interrelations of those settings on individuals during a specific point in their life. The exosystem comprises contexts that may influence behaviors. The macrosystem involves cultural, social, educational, legal, and political systems. The EST was a suitable theoretical framework to understand how children's environments may influence their mental health and behaviors. Since many children experienced impacts to their environment during the COVID-19 pandemic involving social distancing, school lockdowns, and quarantining, it is imperative to explore how environmental changes resulting from COVID-19 may have impacted their mental health and behaviors.

The microsystem refers to the environments such as homes, schools, and neighborhoods. Children have direct interactions with their families, teacher, school counselor, and peers at this level. According to Bronfenbrenner (1979), the microsystem represents how they experience their roles, activities, and relationships in a given setting. Bronfenbrenner (1979) posited that individual perspectives and reality of environments shapes and develops behaviors. Bronfenbrenner (1979) stated some activities can be done

in solitude; however, some necessitate interactions with other people. Individuals eventually learn, through experience and interactions, how to create and maintain complex interpersonal relationships, which is a crucial component of human development (Bronfenbrenner, 1979). If they have been social distancing, quarantining, or not attending in-person school, they may have missed opportunities for learning skills that contribute to cognitive and social development, which can lead to adverse behaviors.

According to Bronfenbrenner (1979), the mesosystem involves connections between two settings, like school and home, where the individual is an active participant. Bronfenbrenner (1979) stated in a mesosystem, if there is more than one active individual in each setting, it is referred to as multiply-linked; this distinction is crucial as it affects how developing individuals function in new settings. Positive development can be achieved when individuals can participate in various settings with opportunities to interact with others who are experienced or knowledgeable. If they cannot participate in various settings outside of their home, like school, then their behavior may be adversely affected when they do encounter new settings. According to Chigangaidze (2021), individual environment highly impacts human behavior. Therefore, individuals whose lives were impacted by COVID-19 in a manner leaving them unable to participate in in-person academics and social and emotional learning opportunities may experience direct impacts on their development and behavior.

The mesosystem represents connections between other microsystems, such as sports groups, neighborhoods, and peer groups. Many individuals were isolated from others at the beginning of the COVID-19 pandemic. Isolation took away opportunities for

interactions in various settings. This may lead to adverse effects that hinder their development and behavior because of lost connections between other microsystems.

The exosystem is defined as one or more settings impacting developing individuals even if they are not active participants (Bronfenbrenner, 1979). Individuals who experienced social distancing, school closures, and quarantining may be impacted by environmental factors. Students received academic support from their schools, as well as social-emotional support, two school meals a day, and food to take home over the weekend. School closures have now prevented these students from these essentials. According to Bronfenbrenner (1979), factors such as changes to individual environments or settings may affect individuals' development and behaviors. For students in Oklahoma, schools were closed from March 13 through August 2020, meaning they were no longer able to access academic support, social-emotional support, and basic needs like food and clothing that they would have typically received from the school for the better part of a year.

The macrosystem involves culture and belief systems, such as values, resources, laws, and customs and how they affect development (Henderson et al., 2020). In addition, individual beliefs may influence how they perceive events (Bronfenbrenner, 1979). Within macrosystems, types of settings during stages of life, roles, activities, and connection of these settings affect their lives. The longer a person is immersed in a society, the more likely their behaviors will model those of the society.

Economic, educational, and social changes began when the federal government declared a nationwide emergency in response to the COVID-19 outbreak. This

declaration caused many states to enact lockdowns, which prevented social gatherings and caused mandatory school closings and closing of nonessential businesses. According to Poudel and Subedi (2020), the pandemic caused “more than 1.6 billion children [...] 161 countries to be out of school” (p. 750) during mandatory school closings. These abrupt changes potentially impacted the macrosystems as well as developing individuals. The pandemic created impacts that directly affected mental health and ability to access mental health services. When the state of emergency was declared, this led to the closing of many mental health agencies, further limiting services to individuals in need of these services. Most individuals receiving outpatient mental health services no longer had access to their typical services. Individuals who were receiving mental health support and services experienced abrupt disruptions.

Each stage can be described by “two opposing psychological tendencies – one positive/syntactic and negative/dystonic” (Orenstein & Lewis, 2021, para. 2). From these opposing psychological tendencies, a strength or maladaptive ego is developed. If individuals have positive psychological tendencies during a stage, they can successfully resolve the or conflict during that stage, and therefore successfully move to the next stage and create a stable foundation of core beliefs (Orenstein & Lewis, 2021). If individuals experience negative psychological tendencies during a stage, they may develop maladaptive qualities and not successfully move to the next stage. According to Orenstein and Lewis (2021), the resolution of each stage may be a lifelong process, and some stages may be reintegrated as individuals advance to a new stage.

The stages of psychosocial development are trust versus mistrust, autonomy versus shame/doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion, intimacy versus isolation, generativity versus stagnation, and ego integrity versus despair (Erikson, 1958).

During the trust versus mistrust stage, infants learn to trust their caregivers in terms of providing them with their basic needs, creating consistency and predictability (Erikson, 1958). Conversely, if they do not have their basic needs met, they may experience anxiety and fear, leading to mistrust and unpredictability (Erikson, 1958).

During the autonomy versus shame/doubt stage, toddlers learn to be independent. They are beginning to show preferences involving foods, toys, and clothing. and are working toward building autonomy through guidance and freedom of choice (Erikson, 1958). However, if they are unable to assert their independence, they may experience doubt, which could lead to low self-esteem and feelings of shame (Erikson, 1958).

During the initiative versus guilt stage, children are learning through social interactions and play. In this stage, they are learning to plan and take the initiative to accomplish tasks (Erikson, 1958). Parents are encouraged to support children's choices. In this stage, children develop self-confidence and a sense of purpose. If they are unsuccessful in this stage, they may experience feelings of guilt (Erikson, 1958).

According to Erikson (1958), during the industry versus inferiority stage, children learn through work and use of skills, become productive, and begin to receive recognition for their accomplishments. In this stage, they also begin comparing themselves to their peers and working towards developing a sense of pride for what they can accomplish while

learning to get along with others and develop (Erikson, 1958). Children are reliant on families and schools to provide them with tools and skills necessary to be successful in society. If they do not achieve this, they may experience feelings of inadequacy or inferiority (Erikson, 1958). During the identity versus role confusion stage, adolescents discover various roles and ideas while trying to identify who they are. They become concerned with how others perceive them as compared to how they feel about themselves (Erikson, 1958). If they are successful, they will develop a sense of identity and hold true to their beliefs and values. However, if they are not successful in this stage, they may experience a weak sense of self and experience role confusion, which may cause confusion about their future, and they may struggle to find themselves in adulthood.

During the intimacy versus isolation stage, young adults are preparing for commitment with a partner, combining their sense of identity with another (Erikson, 1958). If they are not successful during this stage, they may experience isolation and self-preoccupation (Erikson, 1958). In the generativity versus stagnation stage, adults engage in productive and creative behaviors with the goal of providing contributions for future generations (Erikson, 1958). If they cannot master this stage, they may experience stagnation and struggle with interpersonal relationships (Erikson, 1958). During the integrity versus despair stage, adults reflect on their lives and have feelings involving satisfaction or failure (Erikson, 1958). If they feel satisfaction, they experience pride, integrity, and lack of regret. If they are unsuccessful during this stage, they may experience feelings of despair knowing that life is short (Erikson, 1958).

The industry versus inferiority stage is also referred to as the school-age period (Orenstein & Lewis, 2021). During this stage, children begins to stretch beyond just their family members, caregivers, or household member interactions and begins to experience their world expanding through interactions at school with peers. Social interactions they experience through school help them develop a sense of pride through interactions with peers and social activities or organizations they participate in. They begin to compare themselves with their peers and compare what they have accomplished in terms of their schoolwork, sports, activities, and family life. Erikson (1958) posited children become aware of characteristics such as their race, physical appearance, and socioeconomic status and how they may negatively contribute to how they view their worth, rather than learning skills and abilities. This may have consequences on their sense of identity. In this stage, they can compare themselves to peers and learn from those around them, including older peers (Erikson, 1958). They also realize they can achieve skills and perform activities, and their work is evaluated through grades and teacher feedback. They are also learning to master more complex skills, and the more they are recognized and commended by teachers and parents, the more confident they feel in their capabilities. In terms of education, they are beginning to learn to read and write, a period when interaction with teachers is critical to their educational development (McLeod, 2018). According to Erikson (1958), they need to be taught relevant information that will contribute to preparing them for a variety of careers. Prolonged social distancing, school closures, and quarantining due to the pandemic have disrupted needed interactions with teachers and peers, and may negatively impact their development of self-esteem. Also,

their inability to accomplish relevant tasks at this stage or be competent may lead to feelings of inadequacy or inferiority (Erikson, 1958).

Prolonged effects of the COVID-19 pandemic remain one of the significant factors that may impede competence of children during the industry versus inferiority stage, inhibiting their ability to resolve crises during this stage and successfully transition to the next stage. In schools, teachers and counselors play a vital role in this stage. However, the pandemic has created a crisis that inhibits them from being able to support students in terms of mastering skills during this stage. During this stage, as children learn to master complex tasks, they also seek to master new skills (Cherry, 2020). When teachers and counselors are able to encourage, support, and praise them for their accomplishments, they are more likely to feel competent in terms of their abilities, which will lead to their ability to feel successful (Cherry, 2020). Using the theory of psychosocial development as a framework, it may be possible to understand students' needs and contribute to their development. This can be achieved by providing psychosocial support or interventions to help them move beyond their current stage and progress into the next stage without experiencing long-term and maladaptive effects due to being stunted in one particular stage.

Bronfenbrenner (1979) described the EST as a framework that describes environmental influences on human behavior. Several systems impact individual environments, which also impacts how they behave. Erikson's theory of psychosocial development is used for describing developmental stages throughout their lifespan. Erikson's theory was used to address how participants may behave depending on their

developmental stage, and whether they have been successful in moving past that stage. The EST and psychosocial theory of development were used as guiding frameworks to explore elementary school counselors' observations of elementary-aged students' mental health concerns.

Values and Ethics

The NASW Code of Ethics includes values and principles that are necessary for social workers to uphold throughout their practice. This research involved specifically upholding the principle of service. Service means social workers should use their skills and expertise to help those in need, address social problems, and promote social change (NASW, 2021). Results of this study contribute to helping elementary-aged students with strategies and interventions that will effectively address mental health challenges they are experiencing. Also, this study involved addressing how COVID-19 has affected the mental health of this population, therefore leading to a framework including prevention strategies for future pandemics as well as information about mental health behaviors and changes during a pandemic.

The NASW guides the social work practice to connect people to services such as counseling and psychotherapy and help improve social and health services for communities or groups of people. Clinical social workers focus on preventing mental illness as well as emotional and behavioral disturbances (NASW, 2021). This project involved examining what clinical services were used to address mental health challenges within an urban elementary education setting. Knowledge gained from this study may lead to tools to address future mental health challenges involving mental illness and

emotional and behavioral challenges. Also, this study contributes to improving mental health services for many professions, including school social workers and elementary school counselors.

The study was conducted to address perspectives of elementary school counselors within a school district that seeks to provide comprehensive approaches to providing school-based supports for students through behavioral and mental health services involving prevention to treatment. The school district is committed to treating mental health as preventable and treatable, and their goal is to help students achieve social and emotional wellbeing. According to the NASW (2021), social work values include service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. This aligns with the purpose of the study in that I sought to understand what clinical services were provided to students within the school setting. Through this study, evidence is provided regarding what clinical services were used for addressing students' mental health issues that were impacted by COVID-19.

Social justice involves creating social change for vulnerable populations. This study aligns with this value, as my purpose was to develop strategies for social change for vulnerable elementary-aged students whose mental health has been impacted by the COVID-19 pandemic. This can be achieved through developing prevention and intervention strategies involving mental health services, which would include important guidance to elementary school counselors regarding what strategies may be beneficial to implement for mental health services.

Dignity and worth of the person involves respecting people receiving services. I sought to address individuals' mental health needs and provide change to address those needs while being cognizant of ethical and cultural differences. Importance of human relationships involves understanding that relationships and partnerships are essential when working towards enhancing the wellbeing of others. . Integrity involves ensuring that social workers follow ethics, values, mission, and standards in practice. I followed the NASW Code of Ethics and appropriate protocols for the study, including IRB review and ensuring participants' confidentiality.

Competence, involves having social workers practice in their area of expertise and enhance their knowledge and skills. Data from this study will enhance knowledge and skills of social workers and other mental health professionals. This project involved promoting social change by identifying elementary school counselors' observations of mental health challenges of vulnerable elementary-aged students.

This project includes enriched data that may contribute to addressing the gap in knowledge regarding clinical services that may be effective in terms of addressing students' mental health concerns. Outcomes of this study include evidence that is needed to create a compelling and sustainable framework for addressing mental health needs of children during a pandemic.

Review of the Professional and Academic Literature

In this study, I used the following keywords: *COVID-19, pandemic, mental health, children, elementary students, elementary school counselors, interventions, clinical services, and best practices*. I used the following databases: Social Work

Abstracts, SocINDEX with Full Text, APA PsycInfo, ScienceDirect, MEDLINE with Full Text, Directory of Open Access Journals, and CINAHL Plus with Full Text. These databases were chosen because they provided relevant journal articles in the fields of psychology, social work, education, public health, and social science, which were all relevant domains for my research topic. Additionally, these databases provide peer-reviewed and scholarly articles, ensuring credibility and trustworthiness. The goal of the literature review was to gain information about elementary school counselors' observations of mental health concerns of elementary-aged students in urban areas during the COVID-19 pandemic between March 2020 and January 2022, what clinical services were provided to address these concerns, and how counselors came to decisions to provide clinical services.

COVID-19 and Mental Health

In December 2019, COVID-19 first appeared in Wuhan, China (Ainamani et al., 2020). Since then, the spread of the virus has caused destructive effects on humans worldwide. On March 13, 2020, the federal government declared a state of emergency in response to the COVID-19 outbreak in the U.S. (FEMA, 2021). Additionally, world governments placed strict measures to prevent the spread of the virus (Ainamani et al., 2020). These measures included closure of borders, quarantine for all returning international travelers, and closure of public transportation, nonessential businesses, and educational institutions (Ainamani et al., 2020). These measures created negative socioeconomic impacts which included increases in unemployment, decreases in medical supplies, decrease of manufactured goods, and loss of food resources, all of which

impacted populations across the world, especially vulnerable groups (Ainamani et al., 2020). Many food, housing and unemployment assistance support programs were unavailable. Additionally, the pandemic caused burdens on families who use childcare as many childcare centers were closed, driving parents to find different childcare options.

Although children have not been medically impacted by the Coronavirus as significantly as adults, it has impacted their mental health and wellbeing (Imran et al., 2020). Significant factors that have impacted children due to COVID-19 include social isolation, social distancing, and quarantining. Social isolation and social distancing have deprived individuals of social support, which aids in preventing mental illness (Ainamani et al., 2020). School closures and social isolation prevent children from interacting with their peers, teachers, families and community members, which results in them experiencing emotional distress (Ma et al., 2021). Children with special needs and disabilities, medical needs, those who have language barriers, and those with lower socioeconomic statuses may be more vulnerable to emotional distress. Many students with disabilities receive support and services at school and may not receive those services at home (American Psychological Association [APA], 2020).

Environment affects children's mental health and behavior. Environmental surroundings include communities, schools, and homes. If children are experiencing adverse events in these settings, they may consider them traumatic, which has the potential to significantly impact their mental health (APA, 2021).

Bronfenbrenner's EST is a framework that is used to describes how environment influences behaviors. Bronfenbrenner (1977) suggested that individuals are impacted by

four interconnected systems, the microsystem, mesosystem, exosystem, and macrosystem. According to Bronfenbrenner (1979), the microsystem refers to environments such as homes, schools, and neighborhoods. Additionally, Bronfenbrenner (1979) posited that individual perspectives and the reality of their environment shapes and develops behaviors. Therefore, if they are experiencing negative consequences of COVID-19 to their microsystem, it is probable they may be experiencing impacts on their mental health and wellbeing.

According to Y. Liu et al. (2021), the COVID-19 pandemic has been identified as a natural disaster. Children experience more frequent and intense levels of stress and anxiety after public health crises and natural disasters (Evans, 2021). The COVID-19 pandemic has significantly impacted the mental and behavioral health of children. Many children are experiencing behavioral health challenges due to the pandemic, with increases in self-harm and suicide attempts among children. There is a need to increase child and adolescent mental health care during the pandemic (APA, 2021). Evans (2021) identified a 24% increase in emergency room visits regarding mental health concerns for children between 5 and 11 years old between April and October 2020. Since there has been an increase in mental health emergency room visits for children between 5 and 11, it can also be expected that elementary school counselors will experience the same increase of students needing mental health services in school settings.

According to Ma et al. (2021), “29% of children and adolescents experienced depression related to the pandemic” (p. 83). Of these, 26% were experiencing anxiety, 48% experienced sleep disorder symptoms, and 48% experienced PTSD symptoms (Ma

et al., 2021). The COVID-19 pandemic may trigger children who have a history of trauma, which may result in negative reactions to trauma symptoms (APA, 2020). If a child experiences a traumatic event by 5, they may experience behavioral health issues between 9 and 14 (Terepka et al., 2021). The pandemic has increased stress, anxiety, and depression symptoms. However, according to North et al. (2021), COVID-19 is not a qualifying criterion for a diagnosis of PTSD per the *Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition (DSM-V)*.

Additionally, during the pandemic, many children have experienced disruptions to their sleep schedules, especially during lockdowns, school closures, and quarantine. During these times, excessive screen time, lack of participation in outdoor activities, and loss of peer interactions have contributed to sleep disorder symptoms (Ma et al., 2021). Significant fluctuations in sleep patterns may be an indicator of more severe mental health problems (Ma et al., 2021).

Among adolescents between 13 and 15, it was identified they were experiencing changes in mental health due to the COVID-19 pandemic (Chahal, 2021). Adolescent girls experienced more symptoms involving anxiety and depression during the pandemic compared to boys, meaning girls had a higher risk of mental health challenges (Chahal, 2021). Furthermore, Karaman et al. (2021) found anxiety, depression, and somatization symptoms related to the pandemic were more prevalent in girls than boys.

Mental Health and Clinical Services Before COVID-19 in Schools

Child mental health problems have been prevalent across the U.S. prior to the COVID-19 pandemic. King-White (2019) noted many school-aged students are living

with mental health concerns which may be affecting their academic, social, and emotional success. According to Henderson et al. (2020), according to data from March 2021, of “children ages 2 to 17 years old, 3.2% are diagnosed with depression, 7.1% with anxiety, and 7.4% with a behavioral problem” (p. 267). Additionally, Q. Liu et al. (2021) found 2.26 million American children between 6 and 11 had behavioral health problems in 2016. Students with mental health needs are more likely to attempt to access services in school settings rather than through outside agencies. According to Nichols et al. (2017), of youth who receive mental health services, 70-80% do so in educational settings. Before COVID-19, students had more accessibility to mental health services in schools since they were not experiencing consistent and ongoing school closures and quarantining. Prior to COVID-19, schools were able to provide students with mental health support; the number of referrals elementary school counselors received were significantly lower when compared to the COVID-19 pandemic. In school settings, elementary school counselors are the logical resource for providing mental health services, as they are leaders in terms of addressing social and emotional challenges that may be hindering academics, making it imperative that elementary school counselors implement, develop, and share mental health models for students (King-White, 2019).

According to Nichols et al. (2017), early interventions can improve mental health symptoms and academic performance. An intervention that elementary school counselors facilitate is Second Step, a violence prevention program that has been proven to improve social-emotional skills and reduce disruptive behavior in elementary-aged students (Nichols et al., 2017). In addition, elementary school counselors can provide other

interventions, including grief, social skills, and support groups (Nichols et al., 2017). Before COVID-19, some elementary school counselors had lower caseloads and were able to facilitate groups, provide classroom support, facilitate Second Step, and provide one-on-one support to students. However, during the COVID-19 pandemic, some of these services were no longer accessible or being implemented. Elementary school counselors are leaders and advocates within school settings to support students with mental health challenges (King-White, 2019). Elementary school counselors are able to implement evidence-based techniques, programs, and models, provide multitiered systems of support, and collaborate with other mental health professionals to make appropriate referrals (King-White, 2019).

Mental Health and Clinical Services in Schools During COVID-19

Schools are essential in providing education services, but also for providing wellness services. In 2019, more than “50 million children and youth attended public elementary and secondary schools” (Calvert et al., 2022, p .1) in the U.S. School is the second most impactful environment on children’s health and wellbeing, with the home being the most impactful. According to Stewart et al. (2022), on a “global scale, the COVID-19 pandemic has had the largest disruption of children’s education in history, with over 90% of the world’s students being forced out of the classroom” (p. 7). COVID-19 was unexpected and created disruptions in clinical services being provided in schools. Many elementary school counselors were unprepared for these disruptions and challenged with adjusting their service delivery methods, as they were not skilled in providing services under these types of conditions. Virtual learning created further

challenges, as it made it difficult to access students for assessment during the early stages of the lockdown.

Mental health symptoms of school-aged students are present in school settings and may hinder them from succeeding academically, socially, and emotionally (King-White, 2019). Children are vulnerable, and because they are still going through developmental milestones, they are at risk for adverse impacts that may affect their academics and decision-making skills (Hawke et al., 2020). Their mental health also affects their future and trajectory of their lives, as poor mental health may increase their likelihood of addiction to substances, involvement with the criminal justice system, and difficulties with learning and employment (APA, 2021).

A significant number of children rely on school settings for mental health support and services. Glasper (2021) suggested the importance of mental health support embedded in schools and recognized that the earlier the intervention, the less likely childhood problems will turn into severe mental health issues. If early intervention prevents severe mental health issues, school mental health professionals such as elementary school counselors need to be aware of what mental health symptoms are prevalent in children during a pandemic. This knowledge will provide them with information that is pertinent to decisions regarding what clinical services to provide within school settings. Therefore, literature supports the need to understand what types of mental health concerns elementary school counselors observed during the COVID-19 pandemic, as well as what clinical services were provided.

Schools play an essential role in the lives of youth and provide opportunities for interactions with counselors who can help them manage their emotions and support them in terms of engaging in academic opportunities (Torres-Pagán et al., 2022). Schools not only provide academic and mental health support, but also often provide students and families with resources to address their basic needs. Many urban and rural schools not only provided technology support but also continued providing students and families with meals through grab-and-go, pick-up, or delivery during school closures (Calvert et al., 2022). Some schools provided wellness resources through virtual platforms, which included guided meditations, mindfulness exercises, and yoga sessions. Methods used for maintaining contact with students occurred via instructional platforms, phone calls, home visits, and virtual counseling (Calvert et al., 2022).

School closures and social distancing have impacted students in various ways, including leaving them without school-based mental health care (Torres-Pagán et al., 2022). Since the COVID-19 pandemic, youth are experiencing an increase in depressed mood, worry, concerns about the future, and feeling disconnected from their school communities (Torres-Pagán et al., 2022). Children in England experienced an increase in behavioral and emotional difficulties during the pandemic (“Warning Over Effects of Pandemic,” 2021). Additionally, 5175 Chinese children and adolescents completed two mental health questionnaires assessing for anxiety and depression symptoms during the pandemic and identified factors related to depression and anxiety, which included: suicidal ideation, fighting with parents, trouble with sleep, feeling anxious or having a depressed mood, and difficulty with attention during online learning (Y. Liu et al., 2021).

COVID-19 has also increased distressing symptoms, including loneliness, suicidal ideation, and fear of physical harm in adolescents (Torres-Pagán et al., 2022). According to Pincus et al. (2021), adverse childhood experiences (ACEs) and childhood trauma symptoms may be exacerbated by COVID-19, school closures, and social isolation. According to Pincus et al. (2021), “78% of ACEs are perpetrated by the children’s parents” (p. 4). During school closures, children and adolescents were more vulnerable to witnessing or being victim to domestic violence, abuse, and neglect. As a result, they may be more likely to need mental health services. Again, negative experiences associated with COVID-19 may be distressing and create mental health consequences. However, it is not a qualifying criterion for diagnosis of PTSD (North et al., 2021).

Terepka et al. (2021) noted that school closures due to the pandemic have created a decline and loss of mental health services for youth and have increased social isolation for many individuals. Social isolation correlates to psychological harm, especially in children and adolescents, females, and individuals with a prior mental health diagnosis (Terepka et al., 2021). In addition, in other countries, there is a correlation between COVID-19 and adolescents having maladaptive coping styles, self-blame, and engaging in substance use (Terepka et al., 2021). The combination of school closures due to the pandemic and students’ maladaptive coping styles suggest that elementary school counselors have to adjust the ways to provide clinical services to students.

This review has shown that school closures and social isolation may have created consequences that have resulted in a loss of mental health services and basic needs resources. Additionally, consequences of COVID-19 may be contributing to mental

health symptoms, and behavior challenges. However, the majority of this research was conducted outside of the U.S., and generally focused on the adolescent population. The literature supports the need for further data on what mental health symptoms and behaviors were observed among children, during the pandemic in the U.S.

COVID-19 and Distance Learning

The COVID-19 pandemic has caused a significant disruption of education. Distance learning was introduced as a precaution to prevent the spread of the virus and allow students to continue receiving academic instruction. For the 2020-2021 academic school year, many students started school with face-to-face learning; however, many schools were closed due to increased COVID cases and full-time distance learning was implemented. While distance learning ensured that students were still receiving academic instruction while decreasing the spread of COVID-19, it contributed to social isolation that many students and families experienced. In a recent study, some students reported technology difficulties, including access to devices and the Internet during distance learning (Karaman et al., 2021). Many parents, students, families, and teachers experienced the stress related to distance learning. During distance learning, some students were not logging on for their classes and were not being held accountable for absences or missing assignments. Teachers found it difficult to keep students engaged and willing to participate, while parents found it difficult to balance their own work schedules along with assisting their children with their school assignments. Additionally, there were significant factors that were barriers for families, including access to online media, such as the student and family's financial ability, technical competence, and

Internet accessibility (Hastuti & Tyas, 2021). These problems are not limited to the students, parents, and teachers, as the pandemic has had a significant impact on elementary school counselors and the way they provide mental health services. Many elementary school counselors have encountered struggles and challenges with providing remote services. They have had to navigate ways to ensure that students receive the mental health services they need.

COVID-19 and Virtual School Counseling

Some elementary school counselors provided virtual services at the onset of COVID-19 which included individual counseling, group counseling, peer counseling, and occupational support. Some elementary school counselors also provided services to families, including counseling, meetings, parent needs analysis, online parent seminars, and home visits (Karaman et al., 2021). Klein (2021) reported that some elementary school counselors experienced challenges with providing counseling services virtually during the COVID-19 pandemic, including challenges with building rapport, staying connected with students, ensuring parents were not listening in, and keeping students from turning off their camera. Since the pandemic, virtual counseling has become prevalent, leading to the push for elementary school counselors to utilize Information Communication Technology (ICT) to improve access to more students and help manage workloads more efficiently (Abdillah et al., 2020). However, a study of 214 elementary school counselors who are members of the Indonesian Guidance and Counseling Association reported that they have been reluctant to use ICT for school counseling due to a lack of “knowledge, confidence, and skill” (Abdillah et al., 2020, p. 1570).

Additionally, some counselors were successful with virtual counseling and utilized the virtual learning platform to post their social-emotional learning lessons (Klein, 2021).

Karaman et al. (2021) revealed that elementary school counselors planned to address the following issues upon the return of students in face-to-face education: “orientation, psychosocial support, empowerment of families, empowerment of teachers, needs analysis, and individual and group meetings” (Karaman et al., 2021, p. 10).

Hastuti and Tyas (2021) noted that many new protocols were enforced in parts of the world to prevent the spread of COVID-19. In Indonesia, the government enforced work and school from home regulations. This meant that elementary school counselors were responsible for providing services online, and it was expected that “during the pandemic, counseling services should be carried out intensively” (Hastuti & Tyas, 2021, p. 61). Elementary school counselors were forced to acclimate to virtual counseling, which required some creativity and innovation to provide effective online counseling. Virtual counseling has been referred to as “online counseling, internet counseling, cyber therapy, computer-mediated therapy, and web-based intervention” (Hastuti & Tyas, 2021, p. 61). Elementary school counselors utilized different platforms to provide services to students, such as “WhatsApp, Zoom, Google Meet, and Google Classroom” (Hastuti & Tyas, 2021, p. 61). It was discovered that some students felt that virtual counseling felt the same as face-to-face counseling, with “35% of 409 Malaysian college students” reporting that they prefer online counseling, while most counselors prefer face-to-face counseling (Hastuti & Tyas, 2021, p. 67). Additional benefits of online counseling include accessibility or access to services as some students may prefer online counseling

because of geographical or physical limitations, as well as comfortability with not having to be face-to-face with the counselor (Hastuti & Tyas, 2021).

While this research gives us an idea of what virtual counseling may look like, how it was carried out, and what benefits and challenges it provided to students, it does not include information that was gathered in the U.S. Further, there is limited research including elementary-aged participants. Also, much of the research reports that social-emotional lessons were implemented through virtual counseling. However, there is limited knowledge on what curriculum or evidence-based interventions were provided. Therefore, it is necessary to seek further understanding of elementary school counselors' experiences on what types of mental health problems were experienced, as well as what clinical services were provided before COVID-19 to compare the similarities or differences to mental health problems experienced and clinical services provided during the pandemic. It may be possible that students experienced different mental health problems pre-COVID-19 than during COVID-19. Elementary school counselors may not have the resources needed to provide clinical services to address the mental health problems that emerged during the pandemic.

Interventions in Schools Provided by Elementary School Counselors and Mental Health Professionals

The need for school-based service providers to address the mental health needs of students has increased and has become vital since the pandemic (Terepka et al., 2021). The American Academy of Pediatrics recommends that children receive social-emotional support during the COVID-19 pandemic (Pincus et al., 2021). Elementary school

counselors are pertinent in supporting and addressing school-aged children's mental health and social-emotional well-being in the school setting (Pincus et al., 2021).

Elementary school counselors are essential in providing social and emotional support, academic support, personal support and vocational guidance for students (Ernst et al., 2017). According to Even and Quast (2017), research shows that programs that support mental health and social-emotional success can effectively improve students' social-emotional development and academic success.

In many schools, elementary school counselors may be the only trained mental health provider in the school; therefore, this places them in a vital position for providing mental health interventions (Pincus et al., 2021). Elementary school counselors can provide classroom guidance lessons, addressing social and emotional wellness, and provide check-in/check-outs which can be done in person or virtually (Pincus et al., 2021). Elementary school counselors may use universal screeners like the ACEs questionnaire or an anxiety assessment like the Beck Anxiety Inventory to assess students' mental health needs, strengths, or difficulties, which assists the counselor in triaging students (Pincus et al., 2021). Elementary school counselors are trained in providing prevention and intervention services, including individual counseling, small group counseling, and psychoeducation on depression, stress, and coping strategies (Pincus et al., 2021). According to Evans (2021), there is a need for preventative services and early interventions rather than crisis response or treatment. Furthermore, elementary school counselors are expected to use evidence-based practices and programs consistent

with the American School Counselor Association (ASCA) National Model (Ernst et al., 2017).

Elementary school counselors are also trained in person-centered therapy, cognitive behavioral therapy (CBT), and narrative counseling, making them the experts in addressing students' mental health concerns (Pincus et al., 2021). In addition, Chahal (2021) suggests that CBT is an effective modality in reducing mental health challenges. Also, mindfulness-based interventions have been proven to significantly decrease psychological distress for students in school settings (Malboeuf-Hurtubise et al., 2020). Therefore, it is necessary to determine if clinical treatment that has been provided by elementary school counselors prior to COVID-19 is suitable in addressing the mental health problems that emerged during the pandemic. This study is uniquely designed to acquire this knowledge by speaking directly to elementary school counselors about their experiences in practice.

Additionally, literature suggests that school counselors are trained professionals in identifying the warning signs of suicide and possess the qualifications to educate others about the risks (Pincus et al., 2021). According to Ernst et al. (2017), students are positively affected when elementary school counselors utilize comprehensive developmental counseling programs, which may impact academic performance, attendance, classroom behavior, and positive self-esteem.

According to Dhonju et al. (2021) in Nepal, it has been discovered that there is a significant gap between the mental health needs of children and adolescents and access to mental health services. Additionally, there are less effective and lower quality mental

health services provided for children in low-income families than those living in higher-income neighborhoods (Stewart et al., 2022). According to Stewart et al. (2022), “children in low-income neighborhoods are also more likely to rely solely on the school to meet their mental health needs” (p. 10). Therefore, this study seeks to focus on elementary school counselors’ observations of elementary-aged students in an urban school district.

Glasper (2021) detailed what initiatives are being implemented in England schools, which include, embedding mental health support teams in the schools to provide one-on-one therapy, group therapy, workshops and training to teachers to enhance their mental health awareness. School systems can play an active role in addressing children’s mental health. As such, teachers and support staff should be trained in evidence-based, trauma-informed practices, including how to identify ACEs and an understanding on how ACEs impact the child’s health and development (Evans, 2021). CBT, family therapy, and trauma-informed care can positively affect youth, and trauma-informed policies can be enacted within schools for all levels of staff (Terepka et al., 2021). School staff who are trained in these areas can provide essential mental health screenings, trauma-informed techniques to manage students’ behavior, and provide necessary follow-up procedures (Evans, 2021).

The COVID-19 pandemic has been referred to as a natural disaster during which, many students may experience a heightened sense of anxiety and show a need for emotional support and normalcy (Buckley & Robello, 2021). Glasper (2021) suggested that schools have a significant role in addressing and alleviating the long-term

psychological effects of the pandemic. Therefore, elementary school counselors should be prepared to address the distressing factors that may be related to COVID-19, as well as meet students' physical and social needs in the aftermath of a natural disaster, like the pandemic (Buckley & Robello, 2021). In addition, elementary school counselors expressed the need for students to receive ongoing support and services as the impact of stressors can sometimes be delayed (Buckley & Robello, 2021). Lastly, North et al. (2021) noted that not everyone who experiences a disaster is exposed to trauma in the disaster.

Zhou (2020) proposed that a cooperative model of psychological services provided to children and adolescents be implemented, including social, school, and family systems. Zhou (2020) suggests that teachers should also receive support, as they may also be suffering from the effects of COVID-19, which could potentially improve teacher-student relationships. The improved teacher-student relationship can help students adjust during and following the pandemic (Zhou, 2020). According to Zhou (2020), it is beneficial to the parent if the school is in communication regarding the child's school behaviors and mental health concerns, as it may help the parents acquire appropriate additional mental health services.

School-based mental health providers (SBMHPs) may include licensed school psychologists, social workers, and elementary school counselors; their roles include providing assessments and therapeutic services to students in their schools (Torres-Pagán et al., 2022). SBMHPs are responsible for improving students' mental health and academic achievement through prevention and interventions provided in the school

setting. Torres-Pagán et al. (2022) suggested implementing Multi-tiered Interventions of Support. The Multi-tiered Interventions of Support follows three tiers: tier 1 supports all students; tier 2 provides specialized interventions to a more targeted population; and tier 3 provides tertiary interventions to populations at a greater risk for emotional and behavioral challenges (Torres-Pagán et al., 2022). In addition to this multi-tiered model, Torres-Pagan et al. (2022) suggest the use of a multiphasic process model, which focuses on intervention from the SBMHPs' perspective and has four phases: the early phase, acute phase, post phase, and reentry phase. The early phase focuses on psychoeducation, providing universal interventions, such as “case management, service infrastructure, service planning and brief needs assessments” to all students, to address behavioral and mental health concerns (Torres-Pagán et al., 2022, p. 5). In the acute phase, the SBMHPs provide individual interventions to specific students, focusing on addressing emotional distress, anxiety, depression, and isolation (Torres-Pagán et al., 2022). In the post phase, students and families are linked to appropriate mental health services, and collaboration becomes essential between SBMHPs and the whole school community, enhancing care coordination and appropriate referrals for intensive clinical treatment (Torres-Pagán et al., 2022). In the reentry phase, SBMHPs aim to implement trauma-informed care in the school and community, and review policies and procedures to ensure they are meeting the needs of students and families (Torres-Pagán et al., 2022). Schools are identified as critical settings to address mental health disparities among vulnerable students. Utilizing these two models together is positioned as an ongoing, wrap-around support for all

students, which may be beneficial in addressing students' mental health concerns related to COVID-19 (Torres-Pagán et al., 2022).

Additionally, Terepka et al. (2021) noted that 2% of schools nationally have School-Based Health Centers (SBHCs), with a majority of these located in urban schools. SBHCs are open during school hours and work to reduce mental health stigma while providing comprehensive care, which has reduced mental health-related emergency room visits and promoted mental health well-being (Terepka et al., 2021). SBHCs provide support for emotional and behavioral issues and allow for early intervention and treatment for youth. SBHCs play a role in addressing mental health concerns before and during the pandemic (Terepka et al., 2021).

There is an abundance of research on the position of elementary school counselors and their important role in addressing students' mental health needs. The research that was reviewed included information on what intervention techniques may be used by elementary school counselors, what instruments are useful when assessing students' mental health needs, and the importance of communication and collaboration with families and community agencies. It has been suggested that the school setting is the ideal setting for students to receive psychoeducation, mental health support, and intervention support. However, much of the research available is not current and has focused its efforts outside of the U.S. The literature suggests interventions are needed to address mental health needs of students and discusses SBMHPs and SBHCs and their roles. However, there is limited research to address this gap thus far, regarding what

definite interventions or clinical services have been implemented by elementary school counselors during the pandemic and why those interventions were chosen.

Type of Mental Health Problems and Behaviors Observed Among the Population of Interest during COVID-19

Glasper (2021) showed that the mental health issues among children in England “aged 5-16 years has risen from one in ten in 2017, to around one in six in the summer of 2020” (p. 760). In addition, Długosz (2021) notes that youth have been affected by the COVID-19 pandemic the most, and “the lower the age, the higher the anxiety, depression, and indicators of psychosomatic disorder” (p. 1). Out of 280 students, “47.1% presented symptoms of anxiety, depression, or obsessive-compulsive disorder [OCD]” (McKune et al., 2021, p. 5). According to McKune et al. (2021), female students, students who had a loss of household income, and students who were in primary school were at a higher risk of experiencing anxiety, depression, or OCD symptoms at the beginning of the pandemic. Therefore, McKune et al. (2021) suggest that since primary school students are at a higher risk, interventions in schools should be a priority.

During the pandemic, “more than one-third” were positive for a mental health problem (Mohler-Kuo et al., 2021, p. 7). Results showed anxiety symptoms with rates of “13.6% for girls” and “12.5% for boys”, and depression symptoms were “9.7% for girls” and “4.6% for boys” (Mohler-Kuo et al., 2021, p. 7, 8). participants, “18-29 years old, suffered the highest levels of distress,” and out of 10,139 participants, “almost 80% of respondents experienced nervousness and anxiety over the last week, around 70% had

trouble sleeping, and 60% were downhearted” during the COVID-19 pandemic (Długosz, 2021, p. 3).

Kira et al. (2021) reported that COVID-19 stress is unique as the individual experiences continuous concerns and ongoing stress of contracting the virus. Imran (2020) notes that children may experience mental distress triggered by media coverage of the pandemic and unsubstantiated social media posts. Since school closures, quarantining, and social distancing have been enacted, more children are experiencing an increase in screen time, including the use of electronics, television, and tablets or computers, which increases their vulnerability to misinformation and sensationalism of the COVID-19 pandemic (Imran, 2020). According to Fitzgerald et al. (2021), symptoms reminiscent of trauma responses, of children, may vary and may include “reliving the event, nightmares, sleep problems, enuresis, irritability, intense sadness, and acting hopeless or withdrawn” (p. 17). Fitzgerald et al. (2021) note that “14% of children had deteriorating mental health or behavioral problems between March 2020 and June 2020 in the U.S.” (p. 17). Fitzgerald et al. (2021) suggest that behavior problems may directly result from distress caused by COVID-19. Additionally, North et al. (2021) suggest that while COVID-19 is considered a stressor, it is not classified as trauma.

In a study exploring avoidance, intrusion, and hyperarousal, the Impact of Event Scale-Revised was used to assess the “impact of events and traumatic stress symptoms” of the pandemic (Karaman et al., 2021, p. 4). Results showed that of the 201 participants, “36.6% of individuals indicated a high impact of the event,” with 107 participants (19.50%) having a score indicating severe impact of the event (Karaman et al., 2021, p.

4). In addition, many participants showed significant psychological symptoms (Karaman et al., 2021). However, in regard to the DSM-5, the coronavirus is not a qualifier of trauma for a PTSD diagnosis (North et al., 2021). The coronavirus is considered to be an infectious disease, and North et al. (2021) state, “a life-threatening illness or debilitating medical condition is not necessarily considered a traumatic event” (p. 6).

Some research studies have included younger populations with children as young as 5 years old, however these studies were conducted outside of the U.S. and from a quantitative approach. Another limitation of these studies includes the use of different instruments to score the levels of anxiety, depression, OCD, and trauma symptoms. These limitations have made it difficult to reach generalizability. Therefore, the literature supports the need for additional data on mental health and behavioral problems observed in elementary-aged students in the U.S., explored from a qualitative approach.

COVID-19 and Quarantining

Since quarantining is an abrupt break in daily life, it affects relationships and routines and can therefore cause psychological distress such as “panic disorders, anxiety, and depression” (Demaria & Vicari, 2021, p. 2). When children are in quarantine, they may experience boredom, lack of interaction with friends, classmates, and teachers, irregular sleep schedule, and loss of physical activity; all of which can directly impact children’s mood and anxiety levels (Demaria & Vicari, 2021). Prolonged social isolation or disconnection can increase psychopathological risks, especially during developmental years and particularly for vulnerable children (Raballo et al., 2021). According to Erikson’s stages of psychological development, there are eight stages of human

development, and these stages influence the individual biologically, psychologically, and socially through their life span (Orenstein & Lewis, 2021). If individuals experience negative psychological tendencies at a particular stage, they may develop maladaptive qualities and may not successfully move to the next sequential stage (Orenstein & Lewis, 2021). Many children are experiencing an interruption to their stage of development, due to the consequences of the pandemic, and they may experience negative impacts as a result of the interruption.

Quarantining has also impacted children's physical activities and has consequently increased sedentary activities, such as video gaming and Internet usage. Research shows that these sedentary activities negatively affect children's mental health (Stewart et al., 2022). In addition, children who are confined to their homes are experiencing lifestyle changes, which may have a significant impact on their behavioral development (Q. Liu et al., 2021). According to Demaria and Vicari (2021), "30% of children and 25% of parents" met the criteria for (PTSD) during quarantine or isolation (p. 2). Additionally, research has shown that "negative psychological impact from quarantine can be detected even after months and years" (Imran et al., 2020, para. 13). In addition, according to Fitzgerald et al. (2021), school closures, financial stress, economic burdens, and stress have "increased risk of domestic violence and child abuse" (p. 18). There was an increase in girls witnessing domestic violence, which increases risk factors associated with their mental health and relationships (Stewart et al., 2022).

Furthermore, a study conducted in China that surveyed 1264 children (grades 2-6) and their parents between February 25 and March 8, 2020, examined the impact of home

quarantining, revealing that children were displaying behavior problems including conduct problems, hyperactivity, inattention, peer problems, prosocial behaviors, and emotional symptoms (Q. Liu et al., 2021).

COVID-19 and Parental, Caregiver, and Family Stress

The pandemic has placed stress on parents and caregivers, including financial burdens, the stress of contracting the coronavirus or a family member contracting the coronavirus, a new responsibility of ensuring their children are engaging in distance learning, juggling work from home, changes with childcare, and adjusting to social isolation. In addition, when parents or caregivers are fearful, it can be contagious to their children, who are perceptive to their parents' emotional well-being (Imran et al., 2020). Q. Liu et al. (2021) identified a correlation between children of parents who have symptoms of anxiety with a risk of increased emotional symptoms. According to Imran et al. (2020), "more than 50% of parents have reported financial troubles due to social isolation, are affecting their parenting skills" (para.7). Additionally, Imran et al. (2020) notes that in a survey, parents reported an increase in "yelling, shouting and even slapping their children" (para. 8). Since children rely on their parents and caregivers, the above factors may place them at risk for child abuse, neglect, or mistreatment. Children rely on their parents for security, help with regulating their emotions, and nourishment. When parents provide this type of support, cortisol levels decrease, and children are more likely able to self-regulate. According to Clemens et al. (2020), family challenges create stress on the family unit, including the death of a family member, job loss, limited space in the home, single parenting, and the mental illness of a family member. These stressors

put the family at risk for interpersonal violence, including domestic violence and increased child abuse (Clemens et al., 2020). In addition, research shows a correlation between adolescent emotional difficulties to parental stress regarding unemployment and financial stressors (Pincus et al., 2021).

School closures exacerbated symptoms of vulnerable children and adolescents who were home with their families during the first phase of the school lockdown, and they may have experienced an increase in stress and a decrease in support and coping resources (Clemens et al., 2020). Q. Liu et al. (2021) stated “more than 1.5 billion children were impacted by school closures, which is 90% of the world’s students” (p. 412). Additionally, school closures have made it difficult for teachers and elementary school counselors to be alerted to signs of potential abuse and neglect (APA, 2020). During a period of the COVID-19 pandemic, there was a decrease in child abuse reports through the abuse hotline; this is thought to be correlated with a decrease in access to mandated reporters as teachers and counselors, who typically would be the first to detect signs of abuse and neglect in school-aged students, no longer had face-to-face interactions with students.

Imran et al. (2020) suggested the need for intervention and strategies for children and adolescents, such as nurturing resilience, increasing communication concerning fears and concerns, alleviating loneliness, and maintaining routines and physical exercise during a pandemic. These strategies typically come from the parent or caregiver, but the stress that impacted so many families with the pandemic has made it challenging to ensure children receive the emotional support and consistent routines they need. Research

shows that families' socioeconomic status can either be a risk factor or a protective factor for children's mental well-being (Raballo et al., 2021). Lastly, Raballo et al. (2021) noted that an expected economic crisis post-COVID-19 will present "long-lasting societal consequences for families, thereby indirectly impacting children and adolescents" (p. 1068).

COVID-19 and Behaviors in Young Children

Children are a vulnerable population with limited coping skills and a lack of communication skills to express their feelings and concerns (Imran et al., 2020). Therefore, children may express their worries and concerns in a way that may be viewed as "misbehavior, oppositional/defiant behavior, and temper tantrums" (Imran et al., 2020, para. 9). Imran et al. (2020) state that psychological distress during the pandemic may vary for different ages of children. For example, parents may see an increase in fussing/whining, lack of ability to focus during play, and aggression in their toddlers and preschoolers (Imran et al., 2020). Young children may display regressive behaviors like toileting accidents, asking for a bottle or sucking thumb, or may be demanding and require more attention, experience problems with sleep, and have nightmares (Imran et al., 2020). Erikson's stages of psychological development support that children who are experiencing psychological distress may develop maladaptive qualities and may not successfully move to the next sequential developmental stage (McLeod, 2018). In a qualitative study focusing on exploring the impact of COVID-19 on children and adolescents in Ireland, results found that negative or maladaptive behavior changes were present in many children younger than ten years old (O'Sullivan et al., 2021).

In another qualitative study aimed to identify the consequences of COVID-19 on the mental health symptoms of preschool children (3-5 years old) from the caregiver's perspective, caregivers observed behaviors such as "being cautious, avoidant of places and conversations, and attachment-seeking behaviors" (Vasileva et al., 2021, p. 5, 6). In this study, Vasileva et al. (2021) considered the developmental stage of preschoolers when examining their cognitive capabilities. Vasileva et al. (2021) suggest that attachment-seeking behaviors in response to the pandemic may be typical reactions of securely attached children to their caregivers. The findings suggest that preschool-aged children may not completely understand the risks of transmission of the virus. For example, some children assumed that they could get "sick when going out" (Vasileva et al., 2021, p. 4). Additionally, this study showed that preschool children had increased anxiety, arousal, avoidance, clinginess, and experienced regression of some already acquired tasks. While these symptoms are typical compared to children who have experienced a traumatic or stressful event, they may cause functional impairment if they continue for long periods. Vasileva et al. (2021) suggest that preschool children may not understand causality and risk and suggest the need for caregivers to engage in appropriate conversations regarding COVID-19 (p. 9).

COVID-19 and Behaviors in Older Children

Older children and adolescents may display feelings of frustration, nervousness, disconnection, and boredom due to social distancing (Imran et al., 2020). Adolescents may struggle with disappointment when they cannot socialize with friends and peers and miss out on birthday parties, school activities, and sports activities (Imran et al., 2020). In

a recent study conducted between February 25 and March 8, 2020, students from Grade second to sixth completed the Strength and Difficulties Questionnaire, a screener that is used in the educational and clinical setting to assess for “conduct problems, hyperactivity-inattention, peer problems, and emotional symptoms” (Q. Liu et al., 2021, p. 413). The results revealed that of the 1,264 children assessed, 7% displayed conduct problems, 6.6% experienced problems with peers, 6.3% struggled with hyperactivity-inattention, and 4.7% experienced emotional difficulties (Q. Liu et al., 2021). However, a baseline had not been collected prior to COVID-19, creating a limitation of the study.

COVID-19 and Vulnerability of Children with Special Needs or Preexisting Mental Illness

Children with special needs or pre-existing mental health disorders are significantly vulnerable to psychological distress due to the pandemic. According to Raballo et al. (2021), some neurodevelopmental disorders “such as autism, intellectual disability, and ADHD” are identified as complex (p. 1067). Children with special needs and disabilities, may be more vulnerable to emotional distress especially since many students with disabilities receive support and services at school and may not receive those services at home (APA, 2020). Additionally, children with special needs may struggle with disruptions in routine; therefore, school closures may have impacted them uniquely, making it more likely for the child to display “problematic behaviors such as irritability, aggression, and social withdrawal” (Imran et al. 2020, para. 11).

Children with pre-existing mental illnesses are also vulnerable to the impacts of the pandemic. They may feel overwhelmed, experience an increase in the severity of

neurodevelopmental disorders, as well as academic difficulties, and “emotional problems, such as depression, anxiety, irritability, and social withdrawal” (Raballo et al., 2021, p. 1068). Karaman et al. (2021) noted, “83% of young participants reported that the COVID-19 pandemic worsened pre-existing mental health conditions” (p. 6). Many students may be experiencing feelings of insecurity, loss of control, loss of routine, loss of social interactions, fear of death or risk of getting the coronavirus, and financial difficulties in the family, which may have triggered the psychological symptoms (Karaman et al., 2021).

COVID-19 and Students’ Return to School

Effects of school closures on children were significant, and when the children returned to school, they did not appear to bounce back (“Warning Over Effects of Pandemic,” 2021, p. 20). In a recent study, including children ages 3-12 years old, in Canada, it was discovered that children had an “acute increase in mental health problems”, post-lockdown (Browne et al., 2021, p. 69). Additionally, findings demonstrated “that males are more susceptible to the effects of adversity and stress early in development” (Browne et al., 2021, p. 70). It was also reported that young males were externalizing their mental health symptoms through “acting out, throwing objects, and hitting”, and your girls internalized their mental health symptoms such as anxiety and depression “that may have gone unnoticed” (Browne et al., 2021, p. 670). Lastly, it was noted that the pandemic impacted children’s mental health indirectly through changes to routines, sleep schedules, a decrease in physical activity, an increase in screen time and feeling excluded from peers (Browne et al., 2021).

In another study, data were obtained regarding difficulties that high school students experienced at the beginning of COVID-19 and when they returned to school (Karaman et al., 2021). Some students in this study expressed concerns about starting back to face-to-face education. The difficulties examined by the students were divided into themes: educational, cognitive, physiological, and relational. Educational difficulties were the most emphasized difficulty experienced by students and many were concerned about the “loss of academic achievement and weakening of school connections” (Karaman et al., 2021, p.8). Cognitive difficulties expressed by students was the understanding of the magnitude of COVID-19. Students identified that physiological difficulties they experienced included problems with “sleep, appetite, sports activities, and face-to-face games” (Karaman et al., 2021, p.8). Overall many students felt a loss of “connection and communication with the school” these relational difficulties also included “loss of relationship with friends and relatives, parent and sibling conflict, and inability to visit with relatives” (Karaman et al., 2021, p.8).

In a recent study that took place in Turkey, elementary school counselors were interviewed to explore their views of the difficulties that high school students experienced during the initial interruption of education at the beginning of COVID-19, and difficulties they may experience if they were to start face-to-face education again. The findings revealed that elementary school counselors viewed that many students were experiencing difficulties with family, including “family pressure, family conflict, and high expectations of family” including parents expecting students to study as they did when they were still in school in person (Karaman et al., 2021, p.9). The students’

emotional difficulties observed by the elementary school counselors at the onset of COVID-19 included “uncertainty, fear of transmission, anxiety, loneliness, depression, death of loved one, and fear of losing loved ones” (Karaman et al., 2021, p.9).

Elementary school counselors also observed that many students struggled with personal difficulties, including “relationship building, autonomy, fun, responsibilities, communication conflict, and daily life skills” (Karaman et al., 2021, p.9). Lastly, the academic difficulties observed by elementary school counselors included “motivation, loss of learning, effective work, academic responsibilities, adaptation to distance education, and time management” (Karaman et al., 2021, p.9).

Research has been conducted on observations made by elementary school counselors on the educational, cognitive, emotional, physiological, and relational difficulties of high school students, in Turkey. However, literature lacks research in other parts of the world. Many studies have been conducted from a quantitative approach instead of a qualitative approach; many have been conducted outside of the U.S. and have examined middle or high school students and not elementary-aged students. Additionally, many of the reports in these studies were provided from the perspective or observations of teachers or parents and not from elementary school counselors who provide mental health services to students.

Addressing Mental Health Concerns

According to de Miranda et al. (2020), there is a need for social support and early psychological assistance for children during a pandemic. Clemens et al. (2020) identified those children and adolescents with pre-existing mental health disorders should keep in

contact with their mental health clinician and psychiatrists and continue receiving services, taking necessary precautions during lockdowns or social distancing times during the COVID-19 pandemic. Additionally, Clemens et al. (2020) also reiterated that inpatient and outpatient services should remain open as much as possible, and crisis intervention must be accessible at all times, as the lack of support services may be harmful to children who are experiencing an increase in stress. There are several ways to address childhood trauma, including mental health interventions and trauma-informed care. Raballo et al. (2021) suggested restructuring services and resources for mental health care for young people, including increasing intensity and specificity of treatment, early identification, and providing services to families rather than focusing on the individual.

Browne et al. (2021) suggested a need for school-based mental health services for children. King-White (2019) that school districts should recognize the urgency of implementing mental health models and the support from elementary school counselors. Karaman et al. (2021) suggested that school counseling services can effectively provide students with self-management and coping skills. Adolescents benefit from establishing a routine, staying in touch with friends and family through technology, being informed with accurate information about the current situation, and planning for the future (Giannakopoulos et al., 2021). College students identified ways of coping which revealed that most participants were taking preventative measures to keep themselves safe, which helped them lessen the stress and fears of contracting the virus (Suhail et al., 2021).

In a recent study, The Coronavirus Health Impact Survey, Brief-COPE scale, and the Global Appraisal of Individual Needs-Short Screener (GAIN-SS) were used to score the participant's responses on the effects of the pandemic on their mental health and substance use (Hawke et al., 2020). Engaging with participants aged 14 to 28 years old, findings show significant impacts to their academic completion, workforce engagement, and decision-making skills, making them a vulnerable population (Hawke et al., 2020). Additionally, participants identified that they needed mental health services during the pandemic and experienced a disruption of their current mental health services when they needed it (Hawke et al., 2020). According to Hawke et al. (2020), a significant number of participants identified that their coping mechanisms were to spend time with friends and family virtually, engage in activities and hobbies, and spend time with a pet. This study also showed that many youths have concerns about their mental health, which had deteriorated since the pandemic (Hawke et al., 2020).

Furthermore, Greece had endured a financial crisis in past years, which led to health care budget cuts (Magklara & Lazaratou, 2021). During this crisis, mental health issues arose and in light of the absence of formal, traditional support, alternative mental health services needed to be revised; services such as telemedicine, telephone helplines, self-help groups, and mobile health units were established to address the mental health needs of the community. To address the inequalities that of rural populations, mobile health units provided mental health support and psychiatric disease prevention to the rural populations of Greece (Magklara & Lazaratou, 2021). It is suggested that this type of

response could be beneficial to implement in areas across the globe to address the mental health issues that are present as a result of the pandemic.

In a recent study, 4th, and 5th-grade Canadian students from two classrooms participated in an assessment of mental health symptoms, including anxiety, depression, inattention, and hyperactivity (Malboeuf-Hurtubise et al., 2021). This study aimed to identify the comparison of an emotion-based directed drawing intervention and a mandala drawing intervention on elementary students' mental health. The results suggested that both interventions are valuable options for elementary students and may be beneficial in improving the mental health of these students (Malboeuf-Hurtubise et al., 2021).

The literature has provided examples of how some students coped with the impact of COVID-19. The literature also identified interventions that may be beneficial in addressing mental health symptoms. However, again, much of the research that was conducted included older age groups, with little focus on elementary-aged students, 12 years old and younger. The majority of the research was conducted outside of the U.S. and there is minimal research from the elementary school counselors' perspective on what services were provided for elementary-aged students during the pandemic. Therefore, the literature supports the need for further research on what clinical services elementary school counselors have implemented as interventions for elementary-aged students in the U.S.

Challenges

Many services and resources are limited during this time due to the pandemic, making it difficult to meet children's mental health needs (Stewart et al., 2022). In North America, schools are vital in providing direct mental health services and referrals to mental health agencies for children and their families (Stewart et al., 2022). In addition, many agencies made changes to increase the accessibility of services, including implementing online services and blended in-person and virtual care. While these changes have ensured that children and families receive continuity of care, they also make it difficult for low-income families who struggle with access to technological devices and the Internet (Stewart et al., 2022). Also, some children do not have the necessary support at home from parents or caregivers to encourage the child to engage in distance learning or virtual counseling.

Gaps in Practice and Research and the Need for Qualitative Research

Researchers have investigated the COVID-19 pandemic and its impacts on mental health; however, some detailed aspects of the topic are limited. Through reading the literature, I have observed that many studies have been conducted focusing on the effects or impacts of COVID-19 on the mental health of adolescents or adults with little focus on elementary-aged students, 12 years old and younger. In addition, research on the impact of COVID-19 on the general public, patients, medical staff, college students, and older adults is available; however, research including elementary-aged students is limited (Q. Liu et al., 2021 p. 412). In the beginning stages of COVID-19, researchers examined the impacts of social isolation, school closures, and quarantining on youth and adolescents'

mental health and well-being. However, limited research has been conducted on the mental health of youth since they have returned to school and what mental health symptoms and behaviors are being observed within the school setting. Additionally, Stewart et al. (2022) noted many of the current studies being conducted provide insight into children's mental health changes during the pandemic, though they lack pre-pandemic comparisons. Some research studies that did have access to pre-pandemic data are limited and focus on individuals who have pre-existing mental health disorders or who have been assessed for mental health disorders.

During the COVID-19 pandemic, many research studies were conducted using a quantitative approach to explore the mental health impacts on adolescents and adults. Many qualitative studies focused on age groups older than 12 years old. Therefore, additional qualitative research is needed, as it can contribute to the research by providing rich, descriptive data, gaining insight into perceptions and observations of elementary school counselors.

Terepka et al. (2021) recognized the need for school-based interventions for students; this was congruent with other researchers. King-White (2019), who suggested that elementary school counselors should develop and implement mental health models in the school setting. Nichols et al. (2017) acknowledged that elementary school counselors could facilitate social-emotional learning curriculum and grief groups and support groups. Some studies have acknowledged the need for school-based mental health services; however, the literature is limited on specific types of therapy, evidence-based

curriculums or clinical services implemented in the school setting during the pandemic, especially for children 12 years old and younger.

Furthermore, many research studies have been conducted outside of the U.S. Terepka et al. (2021) reported that much research has been conducted in Canada, Europe, and Asia on COVID-19 impacts on youth. Many studies assessing levels of anxiety, depression, and stress in children during the first weeks of lockdowns were produced from Europe, Asia, the Middle East, and Australia (Stewart et al., 2022).

Clemens et al. (2020) expressed an urgent need for more research on short and long-term effects on child mental health to inform policymakers. Demaria and Vicari (2021) suggested that children's mental status should be monitored for long-term effects of PTSD so that intervention can be implemented quickly. González-Colmenero et al. (2021) suggested that further investigation is necessary to determine the long-term effects of the COVID-19 pandemic. Vasileva et al. (2021) agreed that further research is needed to understand if the negative thoughts, worries, and behaviors continue past the current threat.

Summary

The COVID-19 pandemic has impacted people across the globe. When I began this study, the original COVID-19 virus was dominant. However, during my research, a new variant of COVID was discovered called Omicron. According to the CDC (2022b), the first case of Omicron in the U.S. was confirmed on December 1, 2021. The new variant confirmed that the pandemic is ongoing without an end in the near future, and many people are still experiencing consequences of the virus. This research contributes to

social work practice by providing knowledge that is needed to continue addressing mental health impacts due to the ongoing pandemic.

A literature review was presented in Section 1 and included information on COVID-19, impacts on mental health, behavior, family stress, and relationships with trauma symptoms. I also reviewed studies involving distance learning and virtual counseling. In Section 2, I present the methodology and research design to understand observations of elementary school counselors involving mental health concerns for elementary-aged students, what clinical services were provided, and how those services were chosen.

Section 2: Research Design and Data Collection

The COVID-19 pandemic has impacted mental health worldwide, particularly among young adults (Hawke et al., 2020). In addition, mental health symptoms of school-aged students are presenting in school settings and may hinder students from succeeding academically, socially, and emotionally (King-White, 2019). The problem is that COVID-19 brought about mental health challenges for kindergarten through fourth grade students, and it was not clear what mental health concerns have been observed by elementary school counselors during the COVID-19 pandemic, what clinical services were provided to address them, and why these services were selected. As more students began to experience mental health symptoms post-COVID-19, the importance of identifying its impacts on children and clinical services used to address those impacts increased. The issue that prompted me to search literature was lack of information about how COVID-19 has impacted the mental health of students in kindergarten through fourth grade in Oklahoma, and clinical services elementary school counselors used to manage or treat these impacts.

In addition, there were concerns among urban Oklahoma elementary school counselors regarding what supports and services should be put in place to meet needs of students in schools. For elementary school counselors to provide necessary support, they needed to know what was impacting mental health and mental health behaviors the students they served. Knowledge of elementary school counselors' observations and perceptions of the impact COVID-19 has had on students' mental health and what clinical services were used to manage these impacts may explain how to decrease

negative behaviors and support students in order to improve their mental health and overall wellbeing.

Research Design

This study involved using a basic qualitative study design. The qualitative approach involves gathering descriptive data in natural settings and seeking to understand individual perspectives of the world, as well as how individual experiences shape perspectives (DeJonckheere & Vaughn, 2019). I aimed to understand elementary school counselors' observations about involving health challenges of elementary-aged students. Qualitative research involves understanding people's beliefs, experiences, and behaviors via narratives, providing rich and descriptive data (Pathak et al., 2013). Participants in this project were elementary school counselors who worked within an urban Oklahoma school district between March 2020 and January 2022 and served elementary-aged students between 5 and 11. Basic qualitative research involves understanding how people interpret their experiences, what beliefs they ascribe to those experiences, and how they construct their world (Merriam & Tisdell, 2016). I aimed to understand elementary school counselors' interpretations of their experiences involved with interacting with students during the pandemic.

The quantitative perspective was not an appropriate approach for this study. Additionally, qualitative research involves enriching user involvement and giving participants the opportunity to share their personal observations and experiences (Pathak et al., 2013). This exploration adds to understanding how to address and decrease

maladaptive behaviors of students, while improving clinical approaches for addressing mental health concerns of this population during a pandemic.

The problem is that COVID-19 brought about mental health challenges for kindergarten through fourth grade students, and it was not clear what mental health concerns had been observed by elementary school counselors, what clinical services were provided, and why those services were selected.

Role of the Researcher

Researchers play an active role in interviewing and are responsible for guiding and encouraging conversation, as well as probing and asking follow up questions. As a social worker, I am aware of the importance of building trust and rapport with interviewees through active listening and nonjudgmental positive regard. I was observer, interviewer, and participant-observer, and used dialogue engagement and note keeping techniques to monitor my role as the researcher. Additionally, researchers in a qualitative study are responsible for addressing bias, using open-ended questions, and being aware of any ethical concerns or potential errors. Researchers should have awareness of their own attitudes and beliefs and understand how they may influence interview questions as well as reactions to answers (Ravitch & Carl, 2021). To gain awareness and monitor one's role as the researcher, reflexivity in data collection is pertinent. Keeping memos and journals, engaging in dialogic engagement, and conducting interviews are a few examples of reflexivity (Ravitch & Carl, 2021).

To address research questions in this qualitative study, I used the basic qualitative research approach along with Bronfenbrenner's EST and Erikson's theory of psychosocial development.

I aimed to explore school counselors' observations of mental health concerns involving elementary-aged students during the COVID-19 pandemic, what clinical services were provided to address these concerns, and how they decided to provide clinical services. This was accomplished through semi-structured interviews with 10 elementary school counselors from an urban Oklahoma school district, which was sufficient for data saturation. Semi-structured interviews were an appropriate method for the topic, as they involve exploring opinions of elementary school counselors and probing for more information and ask for clarification of answers. However, when using semi-structured interviews, researchers should consider ethical issues, developing an interview guide, and establishing trust and rapport with participants (DeJonckheere & Vaughn, 2019).

Thematic analysis is a method used to systematically identify patterns or themes across a data set and allows the researcher to make sense of these patterns or themes. This qualitative study utilized thematic data analysis to analyze rich data from elementary school counselors to illuminate the observations of mental health concerns of elementary-aged students, what clinical services were provided to address them, and how they decided to implement the clinical services that were selected.

Research design is pertinent to a study as it provides the methods and procedures used in collecting and analyzing data for the specified research problem (Williams,

2019). This study incorporated a basic qualitative study design. A qualitative approach allows the researcher to collect non-numerical data, which seeks to examine and interpret meanings from themes that emerge from studying a targeted population (Williams, 2019). Research methodology with a basic qualitative design was appropriate for this study as it allowed me to examine the perceptions, observations, and experiences of elementary school counselors in their natural setting. This design aligns with the purpose of the study, as I focused on gaining knowledge from elementary school counselors' observations of mental health concerns of students, what clinical services they provided, and how the counselors arrived at the decision to provide the clinical services.

The logical connections between the framework presented and my study approach include Bronfenbrenner's and Erikson's theoretical works, which have been used by psychologists, educators, public health researchers, and policymakers to understand how to help children and young adults. For example, through Bronfenbrenner's (1979) EST lens, examining systems of the individual's environment that highly impact and influence human behavior is essential, as the individual is at the center of the model (Chigangaidze, 2021). Likewise, through Erikson's stages of psychosocial development lens, exploring the stages that students may be experiencing during the COVID-19 pandemic is imperative, as it provides insight into the needs of students during their current stage and what supports may need to be implemented moving forward. Thus, EST and psychosocial theory of development acted as a guiding framework to explore elementary school counselors' observations of elementary-aged students' mental health concerns, what clinical services have been provided, and why those clinical services were chosen.

Methodology

I chose a qualitative research method as it allows the researcher to gather descriptive data in a natural setting and seeks to understand an individual's perspective (DeJonckheere & Vaughn, 2019). Additionally, the researcher is able to probe for more extensive views or experiences by asking follow-up questions or through asking for clarification. I chose the qualitative approach for this study as it provides knowledge on what mental health concerns were observed in elementary-aged students during the pandemic, as well as what clinic services were provided to those students. Through a qualitative approach, I was able to understand the intervention models, programs or curriculums that were used to address mental health concerns. Furthermore, I explored how the elementary school counselors came to the decision to use specific clinical services. This information was gathered through semi-structured interviews with selected participants. Semi-structured interviews were appropriate for this project, as they were formed around pre-determined questions; these questions were open-ended, allowing me to use follow-up questions, probes, and comments throughout the interview (DeJonckheere & Vaughn, 2019). Using semi-structured interviews also ensured that the interview questions aligned with the research questions. Semi-structured interviews were conducted with ten elementary school counselors, and a saturation assessment was utilized to ensure data saturation was achieved. The goal of the interviews was to gain knowledge on elementary school counselors' observations of mental health concerns of elementary-aged students during the COVID-19 pandemic, what clinical services they provided to address the concerns, and how they decided to provide the clinical services.

For this study, the responses shared during the interviews were used to identify themes. Thematic analysis allowed me the opportunity to identify, analyze, organize and describe the themes illuminated from the data (Nowell et al., 2017).

In a research study, it is vital to select appropriate participants that will aid in meeting the aim of the research study. It is important to recruit participants that will allow the researcher to collect data that aligns with the study. Selecting participants who are knowledgeable in the area of the research study and are willing to be honest and forthcoming during the interview is essential.

Eligibility criteria to participate in this study were as follows:

The participant is currently or has in the past been an elementary school counselor. The participant works or has worked in an urban Oklahoma school district before and during the pandemic. The participant has experience working with elementary-aged students (5-11 years old). The participant has worked with this population of students before the COVID-19 pandemic and during the COVID-19 pandemic between March 2020 and January 2022. Lastly, the participant noticed mental health concerns in elementary-aged students during COVID-19 and provided clinical services to students.

I chose to use purposive sampling to recruit elementary school counselors as they serve as the primary data source on this topic. Purposive sampling was an appropriate strategy for this study as it was inexpensive, not timely, and allowed me to choose my participant members from a selected population based on my judgment. Therefore, I used purposive sampling to recruit elementary school counselors who were willing to share the

mental health concerns they observed in elementary-aged students, what clinical services they provided, and how they decided to provide those services.

My planned research design required me to recruit elementary school counselors from an urban Oklahoma school district who have experience working with elementary-aged students and who have provided clinical services to address students' mental health concerns before and during the COVID-19 pandemic between March 2020 through January 2022. To obtain contact information for elementary school counselors, I utilized the urban school district's webpage, which provides an email address for each school counselor within the district. I first gained permission from Walden University's IRB before recruiting participants. Once I received permission from the IRB, the participants were contacted via email. In the initial email, I also provided the informed consent form. In the email they were informed of the study's rationale and were asked for their participation. I requested that each participant read through the informed consent form prior to the interview, and email a response stating, "I consent", if they wished to participate. Once the participants provided consent, I contacted them via email, inquiring when they would like to meet, and if they prefer virtual or in person. I then scheduled the interview based on participants' preferences.

Each participant's confidentiality was maintained to protect their identity, as well as to minimize any biases. Each participant was assigned a number, and their names are not shared in the study. The participants were informed of this in the initial email outlined in the consent form. Additionally, the participants completed a demographic questionnaire (see Appendix B) at the beginning of the interview. I utilized a semi-

structured interview approach and an open-ended interview protocol (see Appendix C) based on the identified concepts. The semi-structured interview approach allowed me to have questions prepared ahead of time to promote comprehensive discussion while ensuring that questions were open-ended so that the respondents could fill the blank with detailed information. The interviews were recorded via my personal laptop audio recorder and then uploaded to Sonix AI Transcript Services to be transcribed. The transcripts were emailed to the appropriate participant, allowing them the opportunity to make any corrections. If corrections were needed, the participant emailed those corrections to me. If no corrections were needed, the participant emailed me stating, “No corrections are needed.” An additional email or phone call was made between me and the participant. This contact was made to ensure that I had interpreted the interviewee’s responses accurately and to receive any additional feedback from the participant. This process of member checking allowed the interviewee the opportunity to address any misinterpretations and ensured accuracy and validity.

The responses to the interview questions were coded using thematic analysis. The data is being kept confidential on my personal computer. I interviewed the elementary school counselors in a confidential location of their choice virtually through Google Meet. This required me to be flexible with my time and willing to schedule the interview at a convenient time for the school counselor. During the interview, I recorded the participants’ responses via the audio recorder on my personal computer and utilized handwritten observation field notes for my reference. It was anticipated that 12 to 15 elementary school counselors would be needed to participate, or until saturation has been

achieved and no new themes emerge. However, I was able to accomplish data saturation through interviews with 10 elementary school counselors. According to Fusch and Ness (2015), data saturation has been achieved when the data received is abundant and the study could be replicated. Additionally, it is suggested that you have reached saturation when there is no new data, such as themes or codes, that are emerging (Fusch & Ness, 2015). Saturation is important as failure to reach saturation may affect validity of the study (Fusch & Ness, 2015).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) suggests that elementary school counselors are the leaders and advocates within the school setting to support students with mental health challenges (King-White, 2019). Therefore, including elementary school counselors as the participants aligned with the research questions, as the study aimed to better understand the mental health concerns elementary school counselors have observed in elementary-aged students, what clinical services they implemented, and how they decided to implement those services.

The sample size for a qualitative study varies, and some researchers may suggest that a certain number of participants are recommended. However, according to Sargeant (2012), sample size in a qualitative study may not be predetermined, but rather that the number of participants needed depends on the number required to sufficiently acquire data that will allow the researcher to reach saturation. I initially anticipated needing a sample size of 12 to 15 elementary school counselors to reach saturation. There are about 32 elementary schools within the district I worked with, and after interviewing only 10

elementary school counselors, I was able to capture a variety of perspectives from the larger population.

Instrumentation

According to Ravindran (2019), the researcher is the main instrument involved in gathering the meaning of the data, as they engage with the data and the participants who share their observations. For this study, I met with the participants through Google Meet and used a semi-structured interview protocol to address the research questions of this study. Semi-structured interviews are a common method used in qualitative research. This method is flexible and allows the researcher to obtain in-depth details about the participants' thoughts, experiences, and opinions. This study used semi-structured interviews to explore the experiences of elementary school counselors. I chose a semi-structured interview method because it gave me the opportunity to engage with the participants through conversation, allowed me to ask open-ended questions while also allowing me to ask for clarification or for the participant to expand on their responses. The semi-structured interview approach allowed me to have questions prepared ahead of time, promote comprehensive discussion, and ensured that the questions were open-ended so that the participants could fill the blank with detailed information. Additional probing for descriptions and prompts were utilized to encourage participants to elaborate or provide more detail. Additionally, the interview questions were completed prior to the interview, which allowed me to be prepared for the interview, and ensured that I asked questions that were pertinent and aligned with the research questions. As the interviewer, I established rapport with the interviewee and utilized active-listening skills. I attempted

to make each participant feel as comfortable as possible and paid attention to their body language to ensure that they were not feeling distressed.

When conducting the interviews, I ensured that the setting was quiet, comfortable and confidential. The interview was conducted through Google Meet, in which I allowed the interviewee to decide which method they were more comfortable with. The interview was administered in English, a common language of elementary school counselors who participated in this study. When working with the participants, I reviewed the purpose of the study, the purpose of the interview, and the nature of the study with them. I reviewed the consent form and confidentiality terms and reiterated that the interview could be stopped at any time; they may withdraw from the study at any time and may choose not to answer an interview question. I informed the interviewees that their name will not be disclosed in the study, and they will be assigned a number instead to ensure their confidentiality. I explained the process of the interview and the estimated duration time, which was 60 minutes. I provided my contact information and informed the interviewee that they may contact me after the interview. The interview began with completing the demographic questionnaire (see Appendix B). Then, I began the interview, reminding them that it was being recorded on my personal computer and that I would be taking some handwritten notes. The interview was scheduled for 60 minutes, and I aimed to complete the interview process within four weeks. At the end of each interview, I allowed time for the interviewee to ask any questions and for debriefing.

During the interview, I recorded the participants' responses via the audio recording device on my personal computer and utilized handwritten notes for my

reference. The responses to the interview questions were coded using thematic analysis. The demographic questionnaire and any handwritten notes are being stored in a locked filing cabinet in my office. These documents do not have the interviewees' names on them; however, they will have the number that was assigned to them on it. My personal computer is password-protected and is stored in a passcode-protected safe in a secure location within my home office when not in use.

In order to ensure the quality of my interview guide, I explored other interview protocols. According to DeJonckheere and Vaughn (2019), semi-structured interviews are commonly used in qualitative research and can be a “powerful tool” for researchers who seek to understand the “thoughts, beliefs and experiences” of the participant (p. 1). According to Castillo-Montoya (2016), by utilizing the interview protocol refinement (IPR) framework, the reliability of my interview guide can be strengthened, as well as the quality of the data. For this research study I implemented the following phases of the IPR framework: Ensuring interview questions align with research questions, constructing an inquiry-based conversation, and receiving feedback on interview protocols.

Data Analysis

A qualitative approach allows the researcher to collect non-numerical data, which seeks to examine themes that emerge from studying a targeted population (Williams, 2019). Through semi-structured interviews I explored the observations of elementary school counselors on the mental health concerns of elementary-aged students during the COVID-19 pandemic, what clinical services they provided, and how they decided to provide the clinical services. The interviews were recorded and transcribed, and then data

analysis began. Data analysis is a process of identifying meanings, or to make sense of the data that has been collected. Ravindran (2019) suggested the following steps when analyzing the data: prepare, read, and code the data to find themes. I followed these steps in analyzing the data from this study. The analysis process moves the researcher from describing the phenomenon to conceptualizing themes developed from the participants' responses (Ravindran, 2019). When preparing the data, I organized the data by transcribing the recordings of the conversations with the participants and then I began identifying codes and themes. Saldaña (2016) identified that a pattern is a repetitive occurrence that occurs more than twice, while a code is generated by the researcher and symbolizes the data. I began to code the data and identify themes. Once the data had been coded, I completed a data saturation assessment. I organized the themes of each research question and incorporated Bronfenbrenner's EST and Erikson's stages of psychosocial development as the conceptual framework.

Variables that may compromise the data may include difficulty with elementary school counselors remembering observations that were made before the pandemic and during the pandemic from March 2020 through January 2022. Another concern was the risk of limited participation and engagement from the participant. If the participant lacks interest in the topic, they may express a disgruntled perspective (Stratton, 2021). However, this was not a relevant concern, as I had 10 participants who were engaged and participated throughout the interview process.

I listened to the audio-recorded interview and created a transcript through Sonix AI Transcript Services for each interview. The transcripts were sent to the participants via

email, to ensure that the participants had the opportunity to make any corrections if needed. Once the participants had responded to me indicating that no corrections were needed to the transcript, I began coding the interview. I began to code the data from the interviews into single words or short phrases. Once the interviews had been coded and organized, I completed a data saturation assessment. I then created tables to describe how the findings answer the research questions, the tables serve as a visual illustration.

Threats to Validity

To establish trustworthiness, the researcher should utilize a set of standards including credibility, transferability, dependability, and confirmability. In qualitative research, credibility is ensuring that the findings align with reality. To ensure the credibility of the research, I built trust and rapport with the participants through engaging interactions. Building this trust allowed the participants to feel confident that their identity will remain confidential. I also recorded the interviews, so that I can ensure that the participants' responses are interpreted as valid and reliable.

Trustworthiness may be challenging to ensure. However, there are a variety of ways to establish trustworthiness including: "member checking, interview corroboration, peer debriefing" and "auditability, confirmability, bracketing" (Williams, 2019, p. 9). Additionally, to ensure validation of my findings, I used member checking. Member checking was accomplished by providing the participants with a copy of the transcribed interview, and asking for validation on whether the information was captured accurately. Researchers must maintain a bias-free approach, implement an open-ended technique and

be vigilant of potential errors. Member checking ensured that my biases did not influence the participants' perceptions and perspectives.

Transferability was achieved through providing evidence that the findings could be applicable in other contexts, situations, and populations (Statistics Solutions, n.d.-b). The researcher is not able to determine if the findings are applicable for transferability but should be determined by the reader. To enhance transferability in this study, I provide thorough descriptions of the research context and provide the reader with sufficient detail, so that they may judge if it could be transferred to a different context.

Dependability establishes that the research findings are consistent and repeatable (Statistics Solutions, n.d.-a). To ensure dependability, I have been detailed and transparent in my explanation of how the data was collected and analyzed. The data was collected through semi-structured interviews, in which the reader has access to a copy of the interview questions. The interviews were recorded and transcribed.

Confirmability is the researcher's "comparable concern for objectivity", and that the findings could be confirmed by other people (Universal Teacher, n.d., para. 1). To ensure confirmability of this study, I ensured that I was able to "check and recheck the data" throughout the entire research process (Universal Teacher, n.d., para. 1). Additionally, I provided justification for approaches, methods, tools and strategies used to complete the study.

Ethical Procedures

Protecting the participants of the research study is highly important. Informed consent was obtained from each participant prior to the study, the informed consent

included information that informs the interviewee that participation is voluntary, that they have the right to remove themselves at any time during the study and delineates any risks that may be associated with the participation of the study. To ensure the ethical protection of the participants in this study, I gained permission from Walden University's IRB (#08-30-22-0673849) before recruiting participants.

Once I received permission from the IRB, the participants were contacted via email. In the email, I informed them of the study's rationale, provided consent information, and asked for their participation. I requested that each participant respond to the email with "I consent" if they wished to continue. Each participant's confidentiality is being maintained to minimize any biases, and their name remains confidential throughout the whole study.

Confidentiality

The information acquired in relation to this study with the participant will remain confidential and may only be disclosed with their permission. The participant's identity will be protected; their name is not used during the interview and is not disclosed in the study. The participants were assigned a number to ensure that their name remains confidential. However, as a social worker and a mandated reporter, I am required to report any suspected abuse or neglect of children to the Oklahoma Department of Human Services. I informed the participants that if intent to harm oneself or another is disclosed during our interview, I have to report the information by law. These circumstances would be the only reason the participants' confidentiality would be disclosed without their permission, by law. However, during the interviews, there was no disclosure of intent to

harm oneself or another, so no reporting was necessary. The interview was recorded via my personal computer, and the audio files will be destroyed after the study has been completed and published. I also utilized handwritten notes, with all hard copies of questionnaires, transcripts, and notes being stored in a locked filing cabinet in my home office. The data is password-protected on my personal computer that is kept in a passcode-protected safe in a secure location within my home office when not in use. The data will be held for five years and then destroyed appropriately.

Voluntary Nature of Study

Participants in this study were informed that their participation is voluntary. At any time, they are welcome to request a withdrawal from the study, stop the interview, or choose not to answer any specific interview question and continue the interview without consequences or questions.

Risks and Benefits of Participating in the Study

Participants were informed that participating in this study may potentially cause a minor risk of discomfort while disclosing personal experiences. However, protections such as ensuring confidentiality, the flexibility of interview location and method, and the ability to choose not to answer a question but continue with the interview minimized risk to participants' well-being. Additionally, the participants in this study were informed that they will receive a \$25 Target gift card upon completion of the interview process. However, the study contributes to filling the clinical service practice gap by providing evidence-based results to inform social work and school counselor practice. By contributing knowledge and research that guides the development of prevention and

intervention strategies, the aim is to reduce current mental health symptoms of students and possibly prevent future mental health challenges associated with a pandemic. By keeping participants' identities and the data collected confidential, it minimizes any biases. Each participant was assigned a number, and their names are not shared in the study. Also, the names of the schools that the elementary school counselors work at, and the name of the school district is not shared in the study. Additionally, any other identifying information regarding the participant is not shared in the study.

Summary

The purpose of this study is to fill a social work practice gap with qualitative descriptions addressing elementary school counselors' observations of mental health concerns of elementary-aged students in urban Oklahoma during the COVID-19 pandemic, what clinical services were provided to address these concerns, and how they arrived at decisions to provide clinical services. I interviewed 10 elementary school counselors about their observations and perceptions. This research is impactful in terms of promoting social change, as it guides elementary school counselors in order to address what prevention and interventions strategies may be beneficial to implement as clinical services. Also, this study contributes to research and provides evidence that is needed to develop a compelling and sustainable framework for addressing mental health needs of children during a pandemic.

In school settings, elementary school counselors are the logical resource for providing mental health services, as they are leaders in terms of addressing social and emotional challenges (Even & Quast, 2017). This makes it imperative that this population

develop and implement mental health models for students. For elementary school counselors to continue providing necessary support, they need to know what impacts COVID-19 has had on students' mental health and what clinical services have been used in terms of addressing these concerns. In Section 2, I reviewed the methodology as well as information about participant selection, data collection, my role as the researcher, data analysis, and ethical considerations. In Section 3, I present findings of the research project, as well as limitations that were present during the study and implications for social change.

Section 3: Presentation of the Findings

This qualitative study involved understanding elementary school counselors' observations of mental health concerns of elementary-aged students in urban Oklahoma during the COVID-19 pandemic, what clinical services were provided to address these concerns, and how they arrived at decisions to provide these services. Three research questions were examined in this study:

RQ1: What type of mental health concerns did elementary school counselors observe among kindergarten through fourth grade students in urban Oklahoma during the COVID-19 pandemic between March 2020 and January 2022?

RQ2: How do elementary school counselors describe clinical services provided to address mental health concerns of students during the COVID-19 pandemic?

RQ3: How do elementary school counselors describe how they arrived at decisions to provide clinical services used to address students' mental health concerns?

To obtain data for this study, semi-structured interviews were conducted with 10 elementary school counselors. This section includes data analysis techniques, limitations, key findings for each research question, and unexpected findings.

Data Analysis Techniques

The setting for this study was an urban Oklahoma school district that is comprised of 32 elementary schools. On August 30, 2022, I received IRB approval to begin interviews, and email invitations to participate in research study were sent to all elementary school counselors in the urban Oklahoma school district on September 7, 2022. All participants were elementary school counselors who worked or had worked in

an urban school district, had experience working with elementary-aged students, worked with this population of students before pandemic and during the pandemic between March 2020 and January 2022, noticed mental health concerns among their students during this period, and provided clinical services to these students.

Elementary school counselors from an urban Oklahoma school district were invited to participate in the study. I hoped to have 12 to 15 participants; however, only 12 responded to requests to participate. Of the 12 who responded, only 10 were eligible to participate. Data assessment allowed me to identify when I reached data saturation. I was able to reach data saturation after interviewing the eighth participant and analyzing data. I decided to interview the ninth participant to validate saturation and a 10th participant for revalidation purposes.

All 10 participants were female with experiences as elementary school counselors ranging from 3 to 33 years. According to the demographic questionnaire, elementary school counselors who participated in the study all held at least a master's degree, had a combined average of 11 years of experience as counselors, and worked for the same school district for at least 3 years, with the longest time being 33 years. Participants' names were not used in this study; instead, each participant was assigned a number to ensure protection of their identity.

Due to recruitment difficulties, interviews did not begin until October 20, 2022. The interview process took place over 4 weeks, ending on November 11. Elementary school counselors were contacted to set up dates, times, and meeting preferences for interviews. Participants were given the option to have interviews conducted virtually or

in person. All participants chose to meet virtually; therefore, all interviews were conducted virtually using Google Meet, with meeting times averaging 18 minutes. I had anticipated needing an hour for each interview; however, because of the nature of the work, participants provided direct and concrete information not associated with feelings. This allowed me to obtain rich data which was accomplished through interviews that took less time than anticipated. I received informed consent from all participants before beginning interviews. Once participants logged on virtually for interviews, I reviewed informed consent, the purpose of the study, confidentiality, and their right to stop interviews at any time or not answer a question. I explained expectations and informed them that once they had completed the interview process, they would be emailed a Target gift card. Next, I gathered demographic information and then continued asking interview questions, including some probing questions, while following the interview protocol (see Appendix C). Each participant answered all interview questions.

Interviews were recorded using an audio recording device on my personal computer and then saved to a flash drive, and handwritten notes were also used to gather data. Once interviews were completed, audio recordings were uploaded and then transcribed using Sonix AI transcript services. I created a Word document for each interview. Transcripts were sent via email to each participant for review to clarify or correct; member checking ensured accuracy of data. Once participants reviewed transcripts and responded whether changes were necessary, they were sent Target gift cards via email. Once transcripts had been reviewed by each participant, I used manual coding to identify codes and began using thematic analysis to identify themes. I printed

out each transcript and used highlighters to highlight codes from each interview. Via Google Sheets, I created a document to organize and store codes for each interview. I created a separate sheet for each research question, and once codes were identified, I then began to condense data by grouping similar codes together. As grouping proceeded, themes began to emerge.

During the interview process, I asked clarifying questions and used handwritten notes to ensure accuracy and understanding of participants' responses. As a form of member checking, transcribed interviews were emailed to participants for review. If participants wanted to clarify or make changes to transcripts, they emailed changes to me and I then updated the Word document with accurate language. Some minor changes were made to two transcripts. While transcribing, I had a spelling typo and the participant wanted to ensure that the transcript reflected what they had said during the interview, so I made appropriate changes. At the end of each interview, participants were asked if they had anything else they would like to add or share. Most participants had already provided detailed interview responses and did not wish to add any additional information, while some participants provided a summary of their thoughts about the pandemic and what they encountered during their time as elementary school counselors. Lastly, to ensure dependability of this study, detailed descriptions of each step of the study are reported.

Limitations and Problems

I encountered some recruitment difficulties at the beginning of the interviewing process. Due to limited responses to the study, a request was made with the IRB to provide participants with a \$25 Target gift card if they completed the interview process.

This request was approved by the IRB, and another email was sent to elementary school counselors on October 20, 2022, which included the updated information that I would email \$25 Target gift cards to the first 15 volunteers once they completed the interview process. Additionally, because of recruitment issues, another change request was submitted to the IRB on October 24, 2022, requesting to interview elementary school counselors with whom I work with or know. The IRB also approved this request. Ten of the 12 volunteers who responded were eligible to participate in the study.

Another limitation of the study was that participants had some struggles with remembering details involving student behaviors between March 2020 and January 2022. They identified they were having a difficult time remembering.

Findings

I conducted a total of ten interviews with elementary school counselors from an urban Oklahoma school district. Each participant was assigned a number which is used in place of the participant's name. Overall, 11 themes emerged that answer these research questions. Each research question will be examined, and I will discuss the themes that emerged from coding the responses to each research question. The purpose of this study was to fill a social work practice gap with qualitative descriptions addressing elementary school counselors' observations of mental health concerns of elementary-aged students in urban Oklahoma during the COVID-19 pandemic, what clinical services were provided to address the concerns, and how the elementary school counselors decided to provide the clinical services. To present the key findings in an organized manner, I present them in

sections arranged by research questions, starting with RQ1. Themes are discussed in detail in this section (see Table 1). Eleven themes emerged from three research questions.

Table 1

Presentation of Findings

Research Question:	RQ:1 What type of Mental Health Concerns did Elementary school counselors Observe among Kindergarten through Fourth-grade Students in Urban Oklahoma during the COVID-19 Pandemic?	RQ2: How do Elementary school counselors Describe the Clinical Services Provided to Address Mental Health Concerns of Students during the COVID-19 Pandemic?	RQ3: How do Elementary school counselors Describe How They Arrived at the Decision to Provide the Clinical Services used to Address Students' Mental Health Concerns?
Theme:	(a) Emotional Regulation	(d) Counseling	(h) Referrals
	(b) Anxiety and Depression	(e) Social Emotional Learning	(i) Universal Screener
	(c) Behavior and Adjustment Difficulties	(f) Multiple Methods of Delivering Clinical Services	(j) Professional Judgment
		(g) Parent Engagement	(k) Directives from Leadership

Saturation Assessment

To calculate the number of occurrences for each code per participant, I created a data assessment. Tables 2, 3, and 4 provide a visual of the data assessment. In addition to reviewing the frequency of codes used per participant, I utilized thematic analysis to identify themes that emerged from the codes. This data assessment and thematic analysis ensured that I had reached data saturation. According to Fusch and Ness (2015), data saturation has been achieved when the data received is abundant and the study could be replicated. Utilizing a data assessment table allowed me to identify when I reached data saturation. Despite having planned on interviewing 12-15 participants, I was able to reach data saturation upon interviewing the 8th participant and analyzing the data. In order to

validate the saturation, I interviewed the 9th participant, and then I interviewed the 10th participant for revalidation of the saturation. The data for the 9th and 10th participants did not produce any new codes or themes for the research questions. Therefore, after the tenth interview was conducted, I chose to not pursue any new participants, as I felt confident in the evidence that I had achieved data saturation.

RQ1

Through interviews with the school counselors, enriched data was gathered and analyzed. During the interviews, I asked the participants to identify what mental health concerns they observed among Kindergarten through Fourth-grade students during the COVID-19 pandemic. For research question one, three themes emerged concerning the mental health concerns elementary school counselors observed: (a) emotional regulation, (b) anxiety and depression, and (c) behavior and adjustment difficulties.

Emotional Regulation

Many participants identified that students were experiencing struggles with emotional regulation, and identified that students lacked social and emotional regulation, and lacked coping skills. When exploring the mental health concerns that elementary school counselors observed in students, many noted that students were struggling with social and emotional regulation. P1 noted that students were having a hard time “hanging out with people”, and “it was like they lost the personal skills to do that.” It was also observed that students had issues with “respect amongst peers and towards adults” (P4), and they struggled with “having boundaries and being respectful of space of others” (P7). Many participants discussed that the students lacked coping skills to manage their

emotions. P4 noted that students from all grades were having a “hard time regulating emotions.” It was also identified that students were “less tolerant of other classmates’ behaviors” (P7) and P8 also identified that students had “shorter fuses.” One participant identified “emotional issues” as a concern and noted that students were finding it hard to convey their emotions, especially because of having to wear masks and because of the plastic dividers (P3). P3 went on to say that because of the inconsistent virtual and in-person school schedule, students had a lot of built-up emotions that they were not able to deal with, especially without being able to access the comfort and support they needed from adults promptly.

Anxiety and Depression

Anxiety and depression were a common theme identified by the elementary school counselors, and it was reported that students were anxious, stressed and overwhelmed, fearful and scared, worried, depressed and lonely, angry, frustrated, and short-tempered. 8 of the 10 participants interviewed identified that anxiety was a mental health concern observed in students stating, “there was a lot of anxiety” (P10), “a lot of anxiety is what I’ve seen” (P6), “kids with really high anxiety” (P1), and “there was a lot of anxiety” (P10). According to P2, she saw an “increase in anxiety in students,” sharing a story about a particular student she worked with who was experiencing anxiety. The student was being told to “stay away from people” and to stay home, but then when she came back to school and was around other people, “it triggered some anxiety in her.” Many participants discussed the concern of anxiety and depression as mental health concerns observed in students. Participants noted that students were told to stay home and

to isolate themselves and not be around large groups of people during the beginning of the pandemic, however when school did resume in person, many students felt anxious about coming to school. Many students were feeling anxious about what could happen if they or their family members contracted COVID-19 and were consequently anxious about being around people and potentially being exposed to COVID-19. P5 identified that students “were afraid to be at school because they were told that it was, that they were going to get sick, or they were going to die.” P6 also reported, “the anxiety was being placed on life or death.” Many students became anxious about leaving their parents to attend school in person. P5 identified that “we also had a lot of separation anxiety,” and kids were “afraid to separate from their parents and afraid to be at school.” P8 identified a student that they were working with who “was truly afraid that his mom was not going to pick him up from school.” P6 identified that her way of noticing students were feeling anxious is “when they don’t want to come to school.” Additionally, P1 noted that “a lot of them were very fearful of coming back to school.”

Academic expectations were also something that students were struggling with, which caused students to feel overwhelmed and anxious. P9 states she observed that students were “overwhelmed by the academic demands.” P6 also noted that students “got behind academically, so there’s a lot of frustration and trying to get caught back up academically.” Additionally, P6 identified that there was an increase in physical abuse and neglect, which may have contributed to students feeling anxious and depressed. P7 discussed the impact of death on students’ mental health and noted that a student she was working with was struggling with depression because his “dad died from COVID after

they had it, and he had a lot of guilt.” Additionally, this exposure to family members dying is attributed to students worrying and being scared of dying. P7 reported, “that when we first came back, there was very high worry about catching COVID and dying, kids dying.”

Behavior and Adjustment Difficulties

Additionally, the theme behavior and adjustment difficulties emerged from elementary school counselors, identifying students with disruptive behaviors and adjustment concerns, difficulty focusing, and lack of social skills. Many participants discussed behaviors they observed in students, four of the 10 participants discussed meltdowns being a concern. P4 stated, “we have a lot of kids who um, are having meltdowns,” which she thought could be age appropriate, “but this, I think this the pandemic has highlighted.” P5 noted, “we had everything from kids who would just have meltdowns because they were behind academically.” Additionally, P3 also identified that students “have more meltdowns” now than before the pandemic. Lastly, P10 stated, “we had high numbers of kids, breaking, having meltdowns.” She reported that this was “not just in Kindergarten but in every grade level.” Elementary school counselors noted that crying was common in students, identifying “it was just a higher number of kids crying” (P5) at school. P3 stated:

So, we’ve had one class of kids that just cry, like they just alternate who’s crying and there isn’t any, you can’t pinpoint a certain thing. It’s just like they completely can’t handle their emotions and so, when they’re frustrated, they cry; when they’re confused about what they’re learning, they cry.

The examples given of students having meltdowns and crying are behaviors that may be related to a lack of emotional regulation. It was common to hear the elementary school counselors talk about students having a difficult time regulating their emotions, which manifested in the form of meltdowns and crying.

Many participants also discussed the challenges students had with meeting behavioral expectations. According to P5, “it’s like a lot of students behaviorally and mentally stalled out” and had challenges in their ability to focus, sit still in class, or do all the things required of them at school. Students were having trouble paying attention and staying focused, which also lead to disruptive behaviors. P1 stated, “you know, it’s hard to stay focused whenever your world has been turned upside down.” P2 identified that students were not able to meet expectations such as being quiet when they needed to be; they would speak out of turn, would not stay seated, and were not able to follow directions.

Lastly, many participants identified concerns about students’ social skills and peer interactions. P10 reported that students’ social-emotional development “just stopped.” She reported that students struggled with conflict resolution and that their social skills were lacking “in an enormous way.” She also notes that students were acting and responding to social situations on a whole grade level lower than they were, “and some of them like not just a full grade level,” “like it was an even bigger reversion than that.” She stated that “a lot of social skills were lost, and we are still working on regaining them.” P5 agreed, stating, “we had to go back and teach a lot more, a lot more, social skills, a lot more how to get along with other kids, because they hadn’t been around them.”

Conceptual Framework

Through exploration of the mental health concerns that elementary school counselors observed among Kindergarten through Fourth-grade students during the COVID-19 pandemic, it has become evident that students have been impacted in all four systems of Bronfenbrenner's EST. It has also become evident that the Industry vs. Inferiority stage of Erikson's psychosocial theory has been impacted.

According to Bronfenbrenner (1979), maintaining complex interpersonal relationships is a crucial component of human development, the individual will eventually learn, through experience and interactions, how to create and maintain complex interpersonal relationships. Elementary school counselors observed that because students have been socially distancing, quarantining, or not attending in-person school consistently, they have missed opportunities for learning skills that contribute to cognitive and social development. This lack of skills has contributed to adverse behaviors. According to reports from elementary school counselors, some of these adverse behaviors in students include students struggling with maintaining interpersonal relationships, students lacking social skills, students having poor social interactions, a loss of personal skills, and are not as good with peer conflict resolution, as a result of the indirect consequences of the pandemic.

Chigangaidze (2021) noted that an individual's environment highly impacts human behavior. Elementary school counselors identified that students' behavior did change as a result of changes to the student's environment throughout the pandemic. Elementary school counselors reported that they observed that students were

experiencing feelings of anxiety, depression, worry, fear, stress, and anger. These feelings may contribute to the change of behaviors in students. Elementary school counselors describe students as struggling with transition and adjustment, displaying disruptive behaviors, crying, and having more meltdowns and tantrums than before the pandemic.

According to Erikson's theory of psychosocial development, the Industry vs. Inferiority stage is the stage where a student learns to master complex skills, receive recognition for accomplishments, and build their self-esteem. This stage has significantly impacted many students due to prolonged social distancing, school closures, and quarantining. If a child is unable to accomplish the relevant tasks and competency at this stage, it may lead to feelings of inadequacy or inferiority (Erikson, 1958). This has become evident from elementary school counselors' reports on their observation of students struggling with self-regulation. The elementary school counselors report that they observed that students lack the ability to regulate themselves, they cannot handle their emotions, have emotional issues and they lack the coping skills to be able to self-regulate. Three themes emerged from RQ1.

Table 2

Code Frequency for RQ1

RQ1: CODES	P #1	P #2	P #3	P #4	P #5	P #6	P #7	P#8	P #9	P #10
Lacked Social and Emotional Regulation			4	1				1	2	1
Lacked Coping Skills							1	1		

Anxious	2	4		1	1	6	1	2	4	1
Stressed and Overwhelmed			3						2	
Depressed and Lonely					1	7	3			
Angry, Frustrated, and Short Tempered					1	2		4	1	
Worried				1			3	1	1	1
Disruptive Behaviors and Adjustment Concerns		1	3	5	5	1			3	2
Difficulty Focusing	1				1					
Lack of Social Skills	1	1	1	2	1			1		2
Total:	4	6	11	10	10	16	8	10	13	7

RQ2

Through interviews with the school counselors, enriched data was gathered and analyzed. During the interviews, I asked the participants to describe what clinical services they provided to address mental health concerns among students during the COVID-19 pandemic. For research question two, four themes emerged from elementary school counselors describing the clinical services provided to students, (d) counseling, (e) social-emotional learning, (f) multiple methods of delivering clinical services, and (g) parent engagement.

Counseling

Elementary school counselors describe providing counseling as individual counseling, group counseling, and check-ins with students, which all served to address mental health concerns during the COVID-19 pandemic. According to P4, standard services like “individual counseling support and group counseling support” were available during the pandemic. However, she also reports that families experienced barriers to accessing the services, stating, “they were available, but access to them may have been difficult for families.” Confidentiality was a common concern for elementary school counselors and P8 described being concerned about confidentiality when meeting with students virtually, stating, “I was afraid of the whole, you know, it being that confidential when they’re at home and yeah, you know, everybody else is there too. I tried to, you know, stay away from that.” She reports that when students were back to school in person on a hybrid schedule, she started doing individual counseling again. P5 also describes confidentiality concerns and reports that she spent most of her effort on individual counseling. She notes that she connected with “a lot of students one-on-one when we were at home.” She reports that she had concerns about confidentiality during virtual group counseling, so she focused her efforts on individual counseling. P2 noted that she also met with students “individually to address concerns” when they were in person, while she describes her interactions with students virtually as “more of a check-in.” P9 reported that she provided individual counseling and small group counseling through a “combination of virtual and in person.”

Lastly, P7 described providing “lunch bunch” to students during virtual learning, stating:

Lunch bunch was generally a time in each grade level’s day where they were allowed to log off and go have their lunch and rest time before they came back to meeting online. I would invite them to have that lunch period with me, whenever we got established, I would ask, ‘What are the feelings you guys are having?’

Social-Emotional Learning

The elementary school counselors described social-emotional learning as clinical services consisting of providing Second Step, an evidence-based social-emotional learning curriculum, to students. P9 described Second Step, noting “that is a tier one service for the students, for all students for social-emotional learning.” She adds that for the school year of 2020 to 2021, all the lessons were virtual, and “the second year was all in person.” P2 describes doing lessons, stating, “there’s a good chunk of lessons about, like feelings and empathy and how to calm down, and so being able to give them those skills to help manage their emotions” was an important part of the clinical services provided to students.

P3 describes providing Second Step through “recorded lessons,” stating that many of the elementary school counselors recorded themselves teaching the lessons. The recordings were sent to the teachers to play for the students during virtual learning. P8 reports, “I recorded my two lessons that I had to record and then, so every week the kids would have potentially a different counselor from across the district doing the lesson.” P5

describes teaching Second Step lessons to Kindergarten through Fourth-grade students in person at her school, and states “I did half of Second Step, and the co-counselor did half.”

In addition, P6 reported using Second Step as the main clinical service provided to students, adding that it was difficult to provide other interventions “because we’re competing with all these other things.” She notes that there are other “pullouts” happening at her school such as “art, music, P.E., garden, STEM, there are reading pullouts, there are ELL pullouts, there is Special Ed., but I did get in there for Second Step.” In addition to Second Step, eight of the ten participants described providing counseling for students during the pandemic. For example, P1 reported that she provided individual counseling and noted that it was provided virtually until she got “special permission” for some students to come to the school to receive in-person counseling. When the school returned with a hybrid schedule, the participant reports that she started providing small group counseling. According to P2, “whenever the students were all learning virtually, it was hard to do anything.” She reports that she found it difficult to meet with students virtually for individual counseling, stating “it was hard to get hold of parents to set up a time to meet with a student virtually”, or “I would pop into a classroom Google Meet to try to get a student to bring them into my separate Google Meet, but they maybe wouldn’t be logged on that day or at that time.”

When discussing challenges, P3 identified “it was difficult to keep confidentiality” when providing counseling virtually. P8 describes obstacles to providing counseling, virtually as well, adding “I was just afraid of the whole, you know, it being that confidential when they’re at home and yeah, you know, everybody else is there too.”

Multiple Methods of Delivering Clinical Services

Elementary school counselors described multiple methods of delivering clinical services. These methods included virtual, in person, recorded, and by phone. According to P4, at the beginning of the pandemic, counselors provided clinical services to students virtually “so through Google Meets, so virtual, in a virtual setting and by phone as needed.” P3 describes providing social-emotional learning classes “online”, and “so virtually.” P8 notes that “at first when they were virtual, I would get, I would pop into different classes, virtually.” She notes that she was able to identify if any students wanted to talk with her “and then sometimes the teacher would put us in a different room virtually.” P9 reports that providing clinical services during the pandemic included a “combination of virtual and in person.” P7 also reports providing clinical services virtually at the beginning of the pandemic and then transitioning to in person, when the students came back to school on a hybrid schedule.

Parent Engagement

Lastly, parent engagement was a common theme among elementary school counselors; talking to parents was a clinical service many elementary school counselors reported as a way to address students’ mental health concerns. According to P8, parent engagement was an integral part of providing clinical services to students during the pandemic, stating “the other part-time counselor and I and our attendance clerk were all calling parents all the time.” She continues to describe services, stating, “that was the most parent involvement I’ve ever had, ever, yeah, and then the parents seemed happy that, you know, somebody was actually communicating.” P10 notes that she contacted

parents, stating, “it was easier for me to call them and then come to their house and check on them.” P5 also reports that “talking to parents one-on-one” made it so that parents could refer students to receive services. She stated, “most of our virtual referrals were parent-driven.” P3 reports that during the beginning of the pandemic, “we dealt a lot with the parents more so than the kids.” She notes that she made parent phone calls and held parent meetings virtually. P4 notes that towards the latter part of the pandemic when students were back in the school “I was able to provide some groups and some face-to-face interventions with parents.”

Conceptual Framework

According to Bronfenbrenner (1979), if an individual could not participate in various settings outside of their home, like attending school, then that individual’s behavior may be adversely affected when they do encounter a new setting. This became evident to the elementary school counselors when students were out of school due to closures, were quarantining or social distancing themselves, and then were brought back to school for a hybrid schedule or full-time, in person. Elementary school counselors reported that students’ behavior was highly influenced by the changes to their environment, and they began to see more crying, tantrums, meltdowns, peer problems, and separation anxiety.

According to Chigangaidze (2021), the individual’s environment highly impacts human behavior, therefore, individuals whose lives were impacted by COVID-19 may experience a direct impact on their development and behavior. Elementary school counselors were aware of the environmental changes that were impacting the students’

behavior, however, they reported that there were some challenges to reaching the students and being able to provide clinical services to students. Many elementary school counselors shared that they did what they could, in regard to reaching students and providing services virtually, and in person. However, some elementary school counselors reported that there was inconsistency with the delivery method, frequency, and fidelity of clinical services being provided.

According to Orenstein and Lewis (2021), Erikson's stages can be a foundation of mental health treatment for different stages of mental illness. Using the stages of theory as a framework, it may be possible to understand the psychosocial development of students and contribute to their development. This can be achieved by providing psychosocial support or interventions to help them accomplish their current stage and progress into the next stage without experiencing the long-term maladaptive effects of being stunted in one particular stage. Elementary school counselors were at the forefront of providing psychosocial support and interventions to students during the COVID-19 pandemic. Many elementary school counselors identified that students were experiencing struggles with anxiety and depression, emotional regulation, coping skills, and lacked social skills. Once the students' behaviors and mental health symptoms began to emerge, the elementary school counselors stepped in and provided counseling to students, including individual therapy and group therapy to address their anxiety and depression symptoms. Additionally, the elementary school counselors provided social-emotional learning to students using Second Step. This curriculum is intended to teach students social skills and coping skills they need according to their developmental age.

Lastly, prolonged social distancing, school closures, and quarantining due to the pandemic have disrupted students' ability to interact with teachers and peers and may negatively impact their development of self-esteem. Also, a child's inability to accomplish the relevant tasks at this stage and the inability to accomplish competence may lead to an inferiority complex (Erikson, 1958). Prolonged effects of the COVID-19 pandemic remain one of the significant factors that may impede the attainment of competence by children in the Industry vs. Inferiority stage, inhibiting their ability to resolve the crisis in this stage and successfully transition to the next stage. The elementary school counselors identified the mental health and behavioral challenges of students. However, the clinical services they provided may not have been provided consistently, with some provided as umbrella interventions versus being created strategically for each students' needs. Elementary school counselors provided interventions through multiple methods of delivery, but despite the interventions that elementary school counselors provided, according to Erikson's stages of psychosocial development, some of the students may not have been able to master the complex skills needed to transition them to the next stage. Four themes emerged from RQ2.

Table 3

Code Frequency for RQ2

RQ2: CODES	P #1	P #2	P #3	P #4	P #5	P #6	P #7	P#8	P #9	P #10
Individual Counseling	1	1		1		1	1	2	1	
Group Counseling	1			1	2			1	1	

Check-Ins		1		1	1		1		2	
2 nd Step	0	2	2	1	2	1	2	1	2	1
Virtual	1	2	2	1	1		1	2	2	
In-Person						1	1		1	
Recorded		1	1		1		1	1		1
By Phone				1						
Talking with Parents		1	2	2	2	1		2	1	1
Total:	3	8	7	8	9	4	7	9	10	3

RQ3

Through interviews with school counselors, enriched data were gathered and analyzed. During interviews, I asked participants to describe how they arrived at the decision to provide clinical services to address mental health concerns of students during the COVID-19 pandemic. For RQ3, four themes emerged when elementary school counselors were asked to describe how they decided to provide the clinical services used including, (h) referrals, (i) universal screener, (j) professional judgment, and (k) directives from leadership.

Referrals

Elementary school counselors identified that referrals came from teachers and parents. P1 describes how she decided to provide clinical services to students, as “a tough decision.” She reports that she received teacher and parent referrals. She also notes that she identified the needs of students and tried “to group them for, you know, for group

things, things that were similar.” P5 also describes the decision to provide clinical services to students as “uncharted waters” and states that at the beginning of the pandemic, “it was kind of fly by the seat of your pants, for lack of a better way to put it.” P7 reports that she had teacher referrals, which drove her decision to provide clinical services to students. According to P9, she received teacher and parent referrals.

Universal Screener

According to P9, she also utilized the SDQ as “my main criteria you know, to make sure that those who were on tier 2 and tier 3, they get the service” including individual or small group counseling, or referral to outside counseling services.

According to P9, the SDQ is a screener that the district used which provided information on students’ strengths and difficulties and also tiered the students, informing the elementary school counselors on what specific students needed clinical services to address their mental health concerns. P5 also utilized the SDQ, stating, “we formed our small groups based on the data.”

Professional Judgment

Additionally, elementary school counselors identified that they used professional judgment to aid in deciding what clinical services should be provided to address the student’s mental health concerns. P6 discussed using professional judgment when describing how she decided to use the clinical services chosen to address students’ mental health concerns, stating “that’s what we did before, I mean that, we’re always trying to provide services to our kids, so that, to me, that’s not anything new.” Additionally, P6 reports, “I mean there’s ethical you know, guidelines, I think that we always try to adhere

to and be careful of certain things.” According to P4, she used her professional judgment as well, stating, “that was a decision I made”, and “I felt like it was my responsibility and just because the pandemic was, um, we were dealing with a pandemic, that didn’t stop the need.” P1 states, “we have guidelines now, but then we did not, so it was pretty much just on my own, and what needs I saw.”

Directives from Leadership

Lastly, the majority of the elementary school counselors shared that they received some directives from leadership regarding what clinical services to provide to students to address their mental health concerns. According to P 2, she received some directive from leadership regarding the social-emotional learning curriculum and stated, “during that time, um, during COVID, it was the district, sort of said this is what you need to use while we’re on, well, while we’re doing virtual school.” P4 also describes that district leadership chose the social-emotional learning curriculum, and she notes, “Second Step is the curriculum that the district promotes and mandates.” P3 reports that she was given guidelines from leadership on what social-emotional learning curriculum to provide to students, and reports that “there were various forms of guidelines that were given to us, and then they were discussed in like, virtual meetings.” P9 notes “I think it was a school-wide, district-wide expectation for all counselors” to provide Second Step lessons to students. According to P7 leadership informed the counselors to continue implementing Second Step lessons however, she also describes collaborating with other counselors, stating that there was “consulting with other elementary school counselors” and that “the

elementary counselors as a whole decided that it would be easier to record our lessons ahead of time and split them up.”

Conceptual Framework

Through the exploration of elementary school counselors’ descriptions of how they decided to provide the clinical services used to address the students’ mental health concerns, I was surprised to learn that a majority of the elementary school counselors based their decision on directives from leadership. While some elementary school counselors reported using their professional judgment, the majority reported that their decision came from their principals and the director of mental health. Despite elementary school counselors knowing that many students were cut off from academic support, social-emotional support, and basic needs like food and clothing that they would have typically received from the school, they waited for directives from leadership before implementing clinical services. According to Bronfenbrenner (1979), factors such as losing social and emotional support affect individuals’ development and behaviors. Instead of taking the initiative to provide prevention support, the elementary school counselors waited for directives from leadership. While elementary school counselors did provide psychological support to students, it is noted that they may not have intervened in a timely manner, therefore leading to students displaying more severe and frequent mental health symptoms and behavioral difficulties. The elementary school counselors did not report any descriptions regarding why or how the principals, or the director of mental health chose clinical services such as Second Step as the main clinical intervention for the students across the district. As the researcher, I would have liked to

have learned more about leadership's decision-making process and why they chose to have the elementary school counselors implement the clinical services that were selected.

Lastly, researchers use the EST to conduct research and develop and implement effective services (Tanhan et al., 2020). For future pandemics, it is suggested that EST be utilized as a guiding framework when determining the most effective prevention and intervention techniques to implement with elementary-aged students.

Table 4

Code Frequency for RQ3

RQ3: CODES	P #1	P #2	P #3	P #4	P #5	P #6	P #7	P#8	P #9	P #10
Teacher Referrals	1				1		1		2	
Parent Referrals	1				1				2	
Strengths and Difficulties Questionnaire					1				2	
Identified Needs	1			2		1			1	1
Consultation with Other Elementary school counselors					1		1	1		
Director of Mental Health		3	2	2	2	2	2	1	1	2
Principals			1		1	1	2			
Total:	3	3	3	4	7	4	6	2	8	3

Key Findings

RQ1

Through the responses of the participants, multiple themes emerged that answered the research question regarding the elementary school counselors' observations of mental health concerns of elementary-aged students in urban Oklahoma during the COVID-19 pandemic. A significant finding was that the school counselors observed that students were struggling with emotional regulation, anxiety and depression, and behavior and adjustment difficulties in their students.

Emotional Regulation

When discussing the lack of coping skills and lack of social and emotional regulation in students, P3 identified that students had “emotional issues.” This aligns with previous research, such as findings by Ma et al. (2021) that school closures and social isolation prevented children from interacting with peers and teachers, which resulted in children experiencing emotional distress. Additionally, other participants had also observed that students lost coping skills to manage their emotions. This lack of coping skills impacted the students' ability to interact with peers and adults appropriately. Q. Liu et al. (2021), said children were displaying peer problems, prosocial behavior problems, and emotional symptoms. Many participants agreed that students were not receiving the support or interventions needed to assist the students with self-regulation. According to Glasper (2021), the earlier the intervention, the less likely the childhood problems will turn into severe mental health issues. Therefore, the data from this study supports the need for early mental health interventions for future pandemics.

Anxiety and Depression

Most participants discussed how anxiety was a significant mental health concern that they observed in many of their students, “amongst all grade levels” (P4). P2 noted, “I would definitely say there was an increase in anxiety in students.” Many counselors shared that they noticed students experiencing anxiety and worry about coming back to in-person school, they were anxious about contracting, dying, or having a family member die from COVID-19. They were anxious about separating from their parents and anxious about their academic expectations. P6 discusses mental health concerns stating, “A lot of anxiety and depression, I would say, would be the top two.” This data aligns with a recent study that was conducted through online surveys, which revealed factors that were correlated with children and adolescents struggling with anxiety and depression. These factors included feeling anxious, having a depressed mood, suicidal ideation, fighting with parents, and trouble with sleeping (Y. Liu et al., 2021). This study’s data contributes to the research, revealing that students in urban Oklahoma were experiencing anxiety and depression symptoms. It also fills the literature age gap, including the symptoms that were observed among children ages 5 to 11 years old. P6 also discussed her observation of an increase in abuse and neglect and stated, “you know, there was a lot of abuse, heightened abuse you know, but with my kids, anxiety and depression, and some of that could be from experiencing you know, physical abuse or neglect during that time.”

Pincus et al. (2021) said “78% of ACEs are perpetrated by the children’s parents (p. 4).

Lastly, other participants discussed the effects of isolation and being kept away from family members, teachers, and friends and how it correlates to students

experiencing depression. Additionally, some participants discussed death, and how the loss of loved ones affected students' mental health. According to P7, "I had a particular boy with depression because their dad died from COVID after they had it, and he had a lot of guilt."

Behavior and Adjustment Difficulties

The anxiety and depression symptoms align with other findings such as behavior and adjustment difficulties and struggles. Since students were experiencing anxiety and depression it affected their behavior and students were displaying disruptive behaviors in the classroom. The students were no longer behaving in a socially acceptable way, they were having a difficult time with peers, showing empathy towards others, and being tolerant of other students and their behaviors. School counselors began to notice that students were not able to regulate their emotions and noted that students were having more meltdowns and tantrums and were crying more frequently. Imran et al. (2020) found children may express their worries and concerns in a way that may be viewed as "misbehavior, oppositional/defiant behavior, and temper tantrums" (para. 9). Students were experiencing strong emotions and did not have the necessary support to address these mental health concerns efficiently due to school closures and lack of in-person contact with the school counselors and teachers. According to Imran et al. (2020), children are a vulnerable population with limited coping skills and a lack of communication skills to express their feelings and concerns. Therefore, this study contributes to research, as it is revealed that students need additional support to address mental health and behavioral health, especially during a pandemic.

RQ2

Participants also shared their descriptions of clinical services provided to students to address anxiety, depression, behavior difficulties, and struggles with emotional regulation. Through the participants' responses, four themes emerged that answered the research question regarding how elementary school counselors describe the clinical services provided to address the mental health concerns of students during the COVID-19 pandemic. The participants described clinical services as counseling, social emotional learning, multiple methods of delivering clinical services, and parent engagement.

Counseling

Since the pandemic was unexpected, many school counselors were not prepared with guidelines, a protocol, or formal procedures on what clinical services to provide. Many participants discussed counseling and social-emotional learning as significant clinical services provided to students. Many participants discussed providing individual counseling to students. According to Buckley and Robella (2021), school counselors should be prepared to meet students' social and psychological needs in the aftermath of a disaster like the pandemic. The findings from this study illuminate the need for formal procedures, as many school counselors provided clinical services during the pandemic, however the services were not alike, and consistent across the district. According to Pincus et al. (2021), school counselors are trained in therapeutic models like person-centered therapy, CBT, and narrative counseling, making them the experts in addressing students' mental health concerns. However, in this study, the school counselors did not

provide detailed information regarding what therapeutic models they utilized during their counseling sessions.

While many students were receiving individual counseling, participants discussed the obstacles and barriers they had to overcome to ensure students received the services. P4 stated that the standard services were still available, “I would say there was a huge barrier”, “in accessing those services.” P2 also stated “it was just hard to connect with students. It was hard to get a hold of parents to set up a time to meet with a student virtually.” Many other participants reported concerns about meeting with students virtually because they didn’t feel like it would be confidential. P8 stated, “I was just afraid of the whole, you know, it being that confidential when they’re at home.” This data correlates to previous research. According to Klein (2021), some school counselors experienced challenges with providing counseling services virtually during the pandemic, including challenges with building rapport, staying connected with students, ensuring parents were not listening in, and keeping students from turning off their camera.

Multiple Methods for Delivering Clinical Services

Some participants provided the service through Google Meet when students were learning virtually and reported they continued to meet with students one-on-one when they resumed in-person school. When students returned to in-person learning, most services, including counseling and Second Step, were provided in person. When discussing the methods of delivering the services, many counselors discussed recording Second Step lessons during virtual learning. They reported that elementary school counselors in the district were responsible for recording themselves teaching two of the

Second Step lessons each. These recordings were combined and distributed to the elementary teachers across the district to play or present during the academic time when the students were learning virtually. According to Calvert et al. (2022), school is the second most impactful environment on the child's health and well-being. The data from this study supports recent research regarding school counselors providing multiple methods for delivering clinical services to students, knowing that schools are the second most impactful environment for students. Many participants discussed providing clinical services to students virtually, in-person, through recordings, and by phone. This data is congruent with recent research, according to Klein (2021), some counselors were successful with virtual counseling and utilized the virtual learning platform to post their social-emotional learning lessons. P8 reports that she had a lot of parent contact by phone. This finding is also congruent with recent research. According to Karaman et al. (2021), some school counselors also provided services to families, including counseling, meetings, parent needs analysis, online parent seminars, and home visits.

Social-Emotional Learning

Most participants identified that the Second Step curriculum was provided to students during virtual and in-person learning. P9 describes Second Step, noting "that is a tier one service for the students, for all students for social-emotional learning." She adds that for the school year of 2020 to 2021, all the lessons were virtual, and "the second year was all in person." P2 describes doing lessons, stating "there's a good chunk of lessons about, like feelings and empathy and how to calm down, and so being able to give them those skills to help manage their emotions" was an important part of the clinical services

provided to students. The decisions to implement Second Step is consistent with the work of Nichols et al. (2017), who note that an intervention that school counselors facilitate is Second Step, a violence prevention program that has been proven to improve social-emotional skills and reduce disruptive behavior in elementary-aged students. During virtual learning, the teachers were responsible for presenting the Second Step videos created by the elementary school counselors, however, it was noted that not all the teachers were consistent with presenting the videos to the students. According to P3, “I feel like there was an inconsistency with the teachers playing them, and so us getting the data back was difficult because like some teachers, like at this school are by the book.” She notes that some other teachers would show the videos, “on the schedule, on the dot” and some teachers “would be like, well, we didn’t get to it.” When school resumed in person, the implementation of Second Step became more consistent, but it took some time for that to happen.

Parent Engagement

Many participants discussed parent engagement as a clinical service and P5 reports that during virtual learning “most of our virtual referrals were parent-driven.” When interviewing P8, she stated that “we were calling parents all the time, like 20, 30 calls a day” and “it was, really, that was the most parent involvement I’ve ever had.” P10 reported that during virtual learning she had a lot of parent engagement and made phone calls as well and stated, “it was easier for me to call them.” Parent engagement was a key finding for this study, and it correlates to previous research, where Imran et al. (2020) identified that parents are essential for providing their children with intervention and

strategies, such as nurturing resilience, increasing communication concerning fears, alleviating loneliness, maintaining routines, and physical exercise during a pandemic. This study illuminates the significance of parental collaboration with school counselors, regarding the mental health of their children.

RQ3

Through the responses of the participants, four themes emerged that answered research question 3, regarding how school counselors describe how they decided to provide the clinical services used to address students' mental health concerns. A significant finding was that the school counselors described utilizing referrals, receiving directives from leadership, the results of the universal screener, the SDQ, as well as using professional judgment.

Referrals

Some participants discussed receiving referrals that helped them decide what clinical services to provide. According to P5, they did a lot of communicating with teachers and parents and states, "we did a lot of teacher referrals and talking with teachers and saying, okay, what do you need in your classroom, what are you seeing from your students?" P7 recalls, "I would get teacher referrals." P9 identified that she utilized the SDQ, then "the others were from teacher referrals and parent referrals." This data was referenced with current literature, but there remains limited data regarding mental health referrals of students to school counselors during the COVID-19 pandemic. Additionally, it was noted that school closures have made it difficult for teachers and school counselors to be alerted to signs of potential abuse and neglect (APA, 2020). It may be inferred that

some teachers were also not alerted to specific behavior and mental health concerns of students, especially during the beginning of the pandemic. Therefore, this study has provided knowledge that fills a practice gap regarding how school counselors received mental health referrals for students during the pandemic, in urban Oklahoma.

Directives from Leadership

When discussing how participants decided to provide the clinical services used, many noted that they received directives from leadership stating that the decision to use Second Step as a clinical service “was made for us” (P10). P5 also reported that providing Second Step was “mandatory.” P9 recalls that teaching Second Step was “district-wide expectations for all counselors.” This data is also congruent with current literature. According to King-White (2019), school districts should recognize the urgency of implementing mental health models and the support from the school counselors. However, many participants noted that their team of school counselors decided to split the lessons and record two lessons each to help spread the responsibility of teaching the lessons to the students. P7 stated “of course, the district told us that we needed to continue our Second Step lessons and the elementary counselors as a whole decided that it would be easier to record our lessons ahead of time and split them up.”

Universal Screener

Many participants discussed the SDQ and P9 identified that “80% of students” that needed services were identified by the SDQ. Also, P5 identified that she used the SDQ to identify students in need, stating, “we formed our small groups based on the data, we had that survey, I can’t remember the acronym...SDQ.” Current literature supports

the use of a universal screener, school counselors may use universal screeners including the ACEs questionnaire, or an anxiety assessment like the Beck Anxiety Inventory to assess students' mental health needs, strengths, or difficulties, which assists the counselor in triaging students (Pincus et al., 2021).

Professional Judgment

Since the pandemic was an unexpected event, many participants discussed using their professional judgment to provide the clinical services chosen. Since there were not any formal guidelines, protocols, or procedures on what clinical services to implement and how to implement them, participants followed their professional judgment. P1 recalls that “we have guidelines now, but then we did not, so it was pretty much just on my own, and what needs I saw.” According to P6, she also followed her own professional judgment, stating “that’s what we did before, I mean that we are always trying to provide services to our kids.” Lastly, when P4 was asked if she had received any official guidelines on what clinical services to provide, she stated, “that was a decision I made.” There is a lack of information regarding school counselors using their professional judgment when deciding to provide clinical services to students during the pandemic. However, recent literature supports that school counselors did not have experience with this situation and therefore were forced to adapt as best as they could. According to Hastuti and Tyas (2021), school counselors were forced to acclimate to virtual counseling, which required creativity and innovation to provide effective online counseling. Lastly, in the school setting, school counselors are the logical resource for providing mental health services, as they are the leaders in addressing social and

emotional challenges (King-White, 2019). It may be inferred that the school counselors felt confident in their abilities to provide mental health services, leading to them to use their own professional judgment when providing clinical services to students.

Unexpected Findings

Through organizing the data, some unexpected findings emerged for research question one and research question two. The unexpected findings were food insecurity, grief and loss, hotline, observation, and home visits. When asked what type of mental health concerns elementary school counselors observed among Kindergarten through Fourth-grade students in urban Oklahoma during the COVID-19 pandemic, P3 identified that “food insecurity was a big one.” P9 also identified that grief and loss was a mental health concern and stated “we have a grief and loss support group for Second, Third, and Fourth” grade.

When asked how elementary school counselors describe the clinical services provided to address mental health concerns of students during the COVID-19 pandemic, P6 stated “we did set up the call center and worked”, P8 said “there was a hotline that some of us took turns answering”, and P10 stated:

I answered on that crisis line, calls, like, I had a parent call stating that she did not know what to do with her daughter, that she was acting out, that she wouldn't do anything that she said. And she's just like this is not my daughter. I don't know what to do, and I'm like, Okay, well, because she was pulled out of every semblance of structure and now, she has no social interaction with her peers. So, it's, it's very normal. I directed her to the social worker from her home school.

Additionally, P10 stated “so really the way that I got involved was I did about 50 home visits.” This was an unexpected finding especially because of the risk of exposure to COVID-19 and the school operating on a hybrid schedule. However, P10 identified that she recognized that during virtual lessons, “it’s not conducive for a child environment”, so she chose to do home visits. Lastly, P4 identified that standard services were available during the pandemic, including “observation” and “classroom observations.” This was unexpected, as other participants did not identify providing observation or classroom observations. Additionally, observation or classroom observations may have been difficult to provide since school was virtual at times.

Summary

When exploring types of mental health concerns elementary school counselors observed in students during the COVID-19 pandemic, it became evident that anxiety was a significant concern. Through further exploration, it was identified that students were also struggling with depression, behavior issues, and emotional regulation. Participants shared that students were experiencing anxiety and depression which was linked to being stressed and overwhelmed, scared, and concerned about medical factors associated with contracting COVID-19. According to participants, students were receiving directives from their parents to stay home or socially distance themselves from others, so when they returned to in-person school, they struggled with anxiety, depression, and the ability to regulate their emotions.

Through exploration of how elementary school counselors describe clinical services used to address mental health concerns of students, the majority of participants

reported that they provided counseling in the form of Second Step, observed increases in parent engagement, and offered multiple methods to deliver clinical services. When the school was virtual, many elementary school counselors provided services to students first through parent engagement, asking parents what needs their children had, and then providing support through individual counseling, small group counseling, or classroom interventions involving Second Step as the curriculum. Many participants shared they provided services virtually, in person, by phone, and through recorded social-emotional lessons. They had significant concerns involving confidentiality and chose not to provide individual counseling to students virtually.

Lastly, many participants described how their decisions to provide clinical services to students came from referrals, universal screeners, leadership, or professional judgment. They noted there was not a plan of action when it came to providing clinical services; however, they did report that directives came from leadership in regard to providing Second Step lessons to students. Some participants described using their personal judgment and reported they did what they have always done. Many participants suggested they were unsure of what clinical services to provide and how to provide them at the beginning of the pandemic, but through consultation with other elementary school counselors, they were able to work as teams and create a plan of action. This boosted their confidence in terms of providing necessary services to students and their parents.

In Section 4, I discuss key findings from this study and how they inform social work practice, as well as recommendations for social work practice and implications for social change.

Section 4: Application to Professional Practice and Implications for Social Change

As more students begin to experience mental health symptoms due to COVID-19, the importance of identifying its impacts on children and clinical services used to address those impacts has increased. The issue that prompted me to search literature was lack of information about how COVID-19 had impacted mental health of Oklahoma kindergarten through fourth grade students and clinical services elementary school counselors used to manage or treat these impacts. Lack of research made it challenging to anticipate needs of children, as well as how to best support them and improve their coping skills. In addition, there were concerns among this population of elementary school counselors about what supports and services should be put in place to meet needs of students in schools during a pandemic.

The purpose of this study was to fill a social work practice gap with qualitative descriptions involving elementary school counselors' observations of mental health concerns of elementary-aged students in urban Oklahoma during the COVID-19 pandemic, what clinical services were provided to address these concerns, and how they decided to provide these services.

To address research questions in this qualitative study, I used a basic qualitative research approach with Bronfenbrenner's EST and Erikson's theory of psychosocial development. I aimed to explore themes involving elementary school counselors' observations of mental health concerns among elementary-aged students during the COVID-19 pandemic, what clinical services were provided to address these concerns, and how they decided to provide clinical services. This was accomplished through semi-

structured interviews with 10 elementary school counselors in an urban Oklahoma school district.

Through exploration of mental health concerns observed by elementary school counselors of elementary-aged students during the pandemic, it became evident that these students were experiencing mental health struggles, including problems with emotional regulation, anxiety and depression, and behavior and adjustment difficulties. Długosz (2021) noted that youth have been affected by the COVID-19 pandemic the most, and “the lower the age, the higher the anxiety, depression, and indicators of psychosomatic disorder” (p. 1). This knowledge is imperative to inform social work practice. In urban Oklahoma, there is limited information regarding mental health impacts of COVID-19. Therefore, this study will provide social work practitioners with a foundation of understanding what mental health and behavioral health challenges students have been experiencing. If practitioners have this foundational knowledge, they may be more prepared to address needs of their clients. Additionally, information from this study adds to the necessary foundation needed to begin creating a protocol for future pandemics. This protocol should include prevention and intervention strategies for addressing mental health concerns identified in this study. Prevention and early intervention of mental health concerns may help students in the future and decrease the frequency and severity of mental health symptoms among students during a pandemic.

Through exploration of how elementary school counselors described clinical services provided in the school setting during the pandemic, counseling, social-emotional teaching, parent engagement, and providing multiple methods of delivering clinical

services were main themes that emerged. Karaman et al. (2021) suggested school counseling services can effectively provide students with self-management and coping skills. This knowledge also informs social work practice involving what services students may have been receiving in school settings during the pandemic. Elementary-aged students are struggling with mental health and behavioral challenges as an indirect impact of COVID-19. Social workers have an opportunity to create a framework for mental health providers to follow for future pandemics. This framework could be shared with other school districts and implemented throughout the U.S., guiding mental health professionals in terms of what clinical services to provide to students during a pandemic, including various delivery methods.

Through this study, it was emphasized that parent engagement had increased during the pandemic, and elementary school counselors were in more frequent communication with parents regarding mental health needs of students. I also highlighted the work flexibility of elementary school counselors, as participants shared they tried multiple methods of contact, including virtual, by phone, and in-person contact, in order to ensure they were speaking to and collaborating with parents and addressing the needs of students. It became apparent that this was not the typical approach of elementary school counselors prior to the pandemic, but is imperative to continue in the future.

I emphasized how elementary school counselors decided to provide clinical services to students. One significant factor is universal screeners. Elementary school counselors shared they used the SDQ to help determine needs of students. Use of a universal screener is imperative as it involves identifying strengths and difficulties for

each student. If universal screeners were administered at the beginning of each school year, it would serve as a tool to identify a baseline for each student. If used correctly, it would assist mental health providers in knowing how students are struggling in and what needs attention. Additionally, after students receive clinical interventions, universal screeners can be re-administered to ensure clinical services are effective. If clinical services are not effective, it would be evident, and a different clinical service or approach could then be implemented.

Another important factor that emerged from this study was professional judgment of elementary school counselors when describing how they decided to implement clinical services. According to Hastuti and Tyas (2021), school counselors were required to acclimate to the pandemic, which required creativity and innovation in order to provide effective clinical services. School counselors are the logical resource for providing mental health services, as they are leaders in terms of addressing social and emotional challenges (King-White, 2019). However, this may have meant that some students may not have been receiving equitable services across the school district.

Lastly, another significant factor that emerged from the study was referrals. Participants noted they relied on teacher and parent referrals when deciding what clinical services to provide to students. Elementary school counselors are not just observing behaviors and mental health challenges they see, but are also checking in with teachers and parents to understand holistic needs of each student. This ensures that students get effective clinical services.

The findings of this study will extend knowledge of social work practice, as there was a lack of information regarding mental health concerns of elementary-aged students in urban Oklahoma, what services were provided, and how elementary school counselors chose to provide the clinical services. Through this study, knowledge will extend social work practice, lending information regarding the mental health and behavioral concerns that were observed among students during the COVID-19 pandemic. The findings of this study will enable social workers and elementary school counselors to identify potential mental health concerns of elementary-aged students early on during a pandemic. This early identification may allow mental health professionals to provide prevention and intervention services promptly, which may decrease the frequency and severity of the mental health symptoms of students. Additionally, these findings may be utilized for future, local, national, or global crises. This knowledge can be retrieved by school systems when they need support in managing future crises that may be disrupting the education of elementary-aged students.

Also, the findings of this study enable mental health professionals an opportunity to create a protocol or set of guidelines on what clinical services to provide to students, as well as effective methods for delivering clinical services to students during a pandemic. This framework can be developed now, so that in the future, if we experience another pandemic, students will receive effective clinical services promptly. This framework will also ensure that school-based mental health professionals are following a guide, ensuring that all students are receiving equitable services.

Some of the literature related to the effects of COVID-19 has focused on trauma and PTSD. COVID-19 cannot be regarded as a qualifying event for the diagnosis of PTSD. It is simply an error in the use of the term. According to North et al. (2021), there is a significant difference between the DSM-5 definition of trauma and the meaning of the word when used in the common vernacular. COVID-19 is a new phenomenon, and it appears that some researchers may have mistaken medical stressors, and fear or risk of exposure to COVID-19, as actual exposure. The current diagnostic criteria for PTSD exclude "...naturally occurring medical illness (such as viral illness) as a qualifying trauma, ruling out this viral pandemic as the basis for a diagnosis of PTSD" (North et al., 2021, p. 1).

Based on the above premise, it is impossible to discuss the experience of students and observations of school counselors in the context of PTSD. It is possible that the pandemic merely serves as a trigger for pre-existing mental health problems among the students, especially since there is no information about their pre-COVID-19 condition. Adjustment challenges to the pandemic in terms of disrupting the way of life for the students may have merely increased the negative thoughts and feelings among the students. What the school counselors described as depression and anxiety among the students may be deemed as stress, distress, and adjustment challenges from exposure to the consequences of the pandemic.

Methodologically speaking, many studies and findings on the effects of COVID-19 were derived from a quantitative perspective. There was little work on the thoughts, perceptions, and feelings of people; studies describing the experience and observations of

people in response to the pandemic are sparse. This methodological shortcoming may have contributed to sparse knowledge on the nature of mental health problems experienced by people in response to the pandemic. The pandemic should not be considered a qualifying event for PTSD, but perhaps be seen as “non-traumatic stressor-related syndromes or other psychiatric disorders” (North et al., 2021, p. 1).

Lastly, there are indications that the students are adjusting back to their normal routines as the pandemic is abating; the stress and distress experienced are no longer pronounced among the students following the vaccination and receding of the pandemic. As the pandemic abates, it appears normality has been restored to the lives of people and many have readjusted to their pre-pandemic lifestyle and routine without any evidence of long-term effects of the exposure to the pandemic.

Application for Professional Ethics in Social Work Practice

The social work value, social justice, seeks to create social change for vulnerable populations. This research informs social workers of the mental health concerns that were observed in Kindergarten through Fourth-grade students in an urban school district during the COVID-19 pandemic. This population of students is a vulnerable age group because they are still going through developmental milestones; they are at risk for adverse impacts that may affect their academics and decision-making skills (Hawke et al., 2020). This research illuminated clinical services that were utilized to treat the mental health concerns of elementary-aged students during a pandemic. Many participants identified that they did not feel prepared for how to meet the mental health needs of students during the beginning of the pandemic. However, with this research, school-based

mental health professionals may have a better idea about what mental health concerns to look for and what to expect. The findings of this research suggest that students may experience anxiety and depression, struggle with emotional regulation, and behavioral difficulties in times of a pandemic. This research has created an opportunity to allow mental health professionals to create prevention strategies and interventions to efficiently support the mental health concerns of elementary-aged students for future pandemics.

The problem is that COVID-19 brought about mental health challenges for elementary-aged students, and it was not clear what mental health concerns had been observed by elementary school counselors. Service is a core social work value and principle that aligns with the research problem. This principle posits that social workers should utilize their skills and expertise to help those in need, address social problems, and promote social change (NASW, 2021). Clinical social workers focus on preventing mental illness, and emotional, and behavioral disturbances (NASW, 2021). This research has provided knowledge that specifies the mental, emotional, and behavioral concerns of elementary-aged students, observed by elementary school counselors. This evidence will inform social work practice, which may reduce mental, emotional, and behavioral concerns during a future pandemic. Additionally, this research provides knowledge on appropriate clinical services used to address mental health concerns and how to provide those services to elementary-aged students. This knowledge may be utilized for future pandemics and school-based mental health professionals may put these services in place as early as possible to decrease and possibly prevent the severity of the identified mental health concerns.

According to the NASW Code of Ethics, Evaluation and Research (para. 5.02), social workers are responsible for contributing their knowledge to the social work profession related to practice, research, and ethics. Prior to this research study, there was a lack of knowledge regarding mental health concerns of elementary-aged students in urban Oklahoma during a pandemic, what clinical services to provide, and how elementary school counselors decided to use the clinical services. Through the findings, social workers can create evidence-based interventions to address the mental health concerns that are identified in this study. Current literature lacks information regarding the qualitative perspectives of elementary school counselors on mental health impacts they observed in the school setting, and what clinical services they provided to students during the pandemic. The information that this study illuminated contributes to filling the social work practice gap by providing evidence-based results to inform social work practice, by contributing knowledge that can guide the development of prevention and intervention strategies, to reduce current mental health symptoms, and possibly prevent future mental health challenges associated with a pandemic. Therefore, by conducting this research, elementary school counselors' experiences, observations, and opinions of COVID-19 impacts on vulnerable Kindergarten through Fourth-grade students were identified and inform social work practice, leading to improved implementation of mental health services, including enhanced mental health supports, prevention and intervention methods.

Lastly, the findings also enable mental health providers to create a protocol that could prevent mental health concerns and provides guidelines for mental health

professionals on the clinical services to provide to students, as well as effective methods for delivering clinical services during a pandemic. According to the NASW Code of Ethics, Competence (para. 4.01), social workers are responsible for staying proficient with current and emerging data, including professional literature and continuing education that is pertinent to social work practice and ethics. The findings of this study contribute to social work practice through emerging knowledge of mental health concerns of students during a pandemic and clinical services provided. Through communication with elementary school counselors, they used professional judgment when implementing clinical services to students. Many elementary school counselors also discussed their concerns about providing services to students virtually, and it meeting confidentiality requirements. These findings have illuminated some techniques elementary school counselors used to ensure ethical responsibilities. For example, P 10 discussed getting headphones for a student and helping them find a neutral space, where the student's back was against the wall during virtual counseling. The participant stated that she did this to ensure confidentiality and "to make her home life private" (P10). However, further research is needed to understand the ethical obligations of ensuring confidentiality when interacting with clients virtually during a pandemic.

Recommendations for Social Work Practice

This study provides a foundation to further research focusing on the effects of clinical services provided to elementary-aged students during a pandemic, it also creates an opportunity to develop a formal protocol of clinical services for elementary school counselors to follow during a pandemic.

A frequent theme that occurred was that elementary school counselors provided Second Step, a social-emotional learning curriculum, to students during the COVID-19 pandemic (Nichols et al., 2017). Elementary school counselors communicated that Second Step was provided to elementary students during the COVID-19 pandemic virtually in the beginning and then in person, once in-person school resumed. Many elementary school counselors communicated that students were experiencing anxiety, depression, emotional, and behavioral difficulties. Nine out of the ten participants discussed providing Second Step lessons to students to address the students' social and emotional needs. However, many elementary school counselors reported using personal judgment when deciding to provide clinical services. Additionally, many participants communicated that they didn't receive a lot of guidance regarding what clinical services to provide. According to Pincus et al. (2021), in many schools, school counselors may be the only trained mental health provider in the school; therefore, this places them in a vital position for providing mental health interventions. Unfortunately, it may be inferred that many school counselors were responsible for providing clinical services to students during the pandemic without any additional guidance, due to the fact that they were seen as the experts in the field of mental health.

According to P1 "we were just, I was just flying by the seat of my pants." When it came to providing Second Step, the majority of elementary school counselors reported that it was a directive from leadership. Therefore, further research should be focused on the efficacy of Second Step as a clinical service, in addressing anxiety, depression, emotional, and behavioral difficulties of elementary-aged students during a pandemic.

This study illuminated the mental health concerns that elementary school counselors observed and the clinical services that were provided to address them, but the data on the effectiveness of those clinical services needs to be further explored. Research could be extended to include the most effective clinical services for elementary-aged students during a pandemic. This could start with elementary-aged students participating in a universal screener that identifies a baseline for each student's mental health strengths and difficulties, this pre-intervention data will be helpful to compare to data after administering clinical services, so that elementary school counselors could compare the pre and post scores of each student. The data could be collected to inform mental health professionals about the effectiveness of the clinical services being administered. According to Pincus et al. (2021), school counselors may use universal screeners, including questionnaires and assessments to assess students' mental health needs, strengths, or difficulties.

Future research should also focus on what steps social workers, elementary school counselors, and district leaders should take to develop a formal protocol for elementary school counselors to utilize in times of a pandemic. This protocol would contribute to elementary school counselors feeling more confident about what clinical services to provide to students during a pandemic and how to provide them, preventing elementary school counselors from having to guess what services to provide. P6 discussed that her decision for providing clinical services was based on "what we did before." A formal protocol would ensure that elementary school counselors have an evidence-based framework for providing clinical services, rather than just doing what they have always

done. At the beginning of the pandemic, many elementary school counselors communicated their frustration and concerns about not having any specific guidelines for what clinical services to provide and how to provide them. This uncertainty left elementary school counselors following their professional judgment; however, that looked different for each school counselor, meaning that the elementary students didn't necessarily receive equitable services. They also did not necessarily receive evidence-based services to address the mental health concerns they were experiencing. By creating a protocol with specific guidelines, it would ensure that everyone is on the same page, and all elementary-aged students across the district would receive equitable, evidence-based services.

As a licensed clinical social worker and school social worker with supervisees, the results of this study will be useful in my private practice as well as in my practice as a school social worker. First, in my private practice, I have already begun to utilize the findings of this study when interacting with my clients who are elementary-aged with mental health symptoms of anxiety, depression, difficulties with self-regulation, and behavioral difficulties as an indirect result of the pandemic. I have become more cognizant of the developmental stage of my clients, and how the pandemic has impacted their regression or stagnation within a particular stage of Erikson's theory of psychosocial development. This mindfulness has allowed me as a practitioner to meet the client where they are, rather than where they should be within the stages of Erikson's psychosocial development. The knowledge from this study has allowed me as the practitioner to

acknowledge what stage of development the client is at and support them in completing that stage, so that they may transition smoothly to the next stage.

As a school social worker, I work closely with elementary-aged students and have seen firsthand some of the identified mental health and behavioral concerns that were highlighted through this study. Since the findings of this study have been confirmed, I have started providing social-emotional support to the students through classroom interventions. I have been teaching Second Step lessons to all second-grade students at three different elementary schools in the district. I think that the students that are currently in second grade missed opportunities to learn and master appropriate coping skills, emotional regulation skills, and techniques for getting along with peers due to having missed so much in-person academic time, which deprived the students of practicing these skills. Therefore, students are behind developmentally, emotionally, behaviorally, and academically. Additionally, when working with students as a school social worker, I have also implemented additional small groups, such as social skills groups and self-regulation groups for students who have been referred through our multidisciplinary team, as needing additional mental health services. To show support to teachers, I do check-ins with them frequently to assist with how to intervene with students who are experiencing heightened anxiety or who may be displaying inappropriate behaviors. I provide teachers with practical techniques and strategies to utilize one-on-one with the student or within the classroom.

For my work with supervisees, I have shared the findings of this study through verbal acknowledgment of mental health concerns that students are exhibiting. Most of

my supervisees do not have experience working with students in a school setting through a pandemic. I have been understanding, knowing that the supervisees may struggle with interactions and understanding students' mental health symptoms and behaviors. I have taken this time as a teaching opportunity to guide them through Erikson's psychosocial development stages, and how each student may not necessarily be at the stage we would expect them to be based on their age. I am guiding supervisees on how to work with students in their current stage of psychosocial development and have been an advisor when the supervisee has questions, wants to staff a particular student, or discuss treatment planning options for a student.

Transferability

Transferability may be achieved by providing evidence that the findings could be applicable in other contexts, situations, and populations (Statistics Solutions, n.d.-b). Rich descriptions of the study, including interview questions, the sample size, and the method, as well as characteristics of the participants, and characteristics of the students being observed, have enhanced the transferability of this study. The findings of this study have transferability to elementary school counselors and school social workers that provide clinical services to elementary-aged students. This carries over to clinical social work practice, as the findings may be beneficial to understanding the mental health and behavioral concerns that have been observed in students during the pandemic, and the clinical services provided to address those concerns.

As communicated above, the findings of this study may be utilized to create a protocol or guideline for mental health professionals to follow for future pandemics. A

framework may be created and utilized in the clinical social work practice setting that may transfer to other school districts, as well as private practice settings.

To enhance transferability in this study, I provided thorough descriptions of the research context and provided the reader with sufficient detail, so that they may judge if it could be transferred to a different context.

Limitations

There are a few limitations to this study. One limitation of the study is that purposive sampling was utilized to acquire participants for the study, therefore random sampling did not occur. This may be a limitation as purposive sampling only allowed me to make inferences about the specific group of elementary school counselors chosen. This limits the generalizability that could have occurred with a random or broader population.

Another limitation of the study is that the participants had some struggles with remembering the details of the students' behaviors during March 2020 through January 2022. Some elementary school counselors identified that they were having a difficult time remembering, stating things like "I'm trying to think", and "not off the top of my head" or pausing and saying, "let me think."

Trustworthiness may be challenging to ensure, however, to ensure validation of my findings, I used member checking by providing the participants with a copy of the transcribed interview and I asked for validation on whether the information was captured accurately. Also, to maintain a bias-free approach, I implemented an open-ended technique during the interview process. Member checking ensured that my biases did not influence the participants' perceptions and perspectives.

Lastly, I utilized semi-structured interviews, which allowed me to also apply follow-up questions to the participants' responses. These follow-up questions had some variability, which may be a limitation, as each follow-up question was not uniform for each participant. However, semi-structured interviews were an appropriate method, as it allowed me to explore the opinions of elementary school counselors, enabling me to probe for more information and ask for clarification of answers or responses.

This study fills the social work practice gap with qualitative descriptions addressing elementary school counselors' observations of mental health concerns of elementary-aged students in urban Oklahoma during the COVID-19 pandemic, what clinical services they provided to address the concerns, and describes how the elementary school counselors decided to provide the clinical services. A significant finding of the study expanded the knowledge of mental health concerns elementary students were displaying during the COVID-19 pandemic. We now know that students were struggling with anxiety, worry, stress, and depression. The students were struggling with regulating their emotions and lacked coping skills and social skills. Further recommendations regarding mental health concerns would be to quantitatively explore the frequency and severity of the mental health symptoms. Additionally, qualitative data from the perspective of the students would also be beneficial to compare to the observations of elementary school counselors. The study also revealed the clinical services being provided to students with mental health concerns and how they chose to provide those services. However, further research is recommended to explore the effectiveness of the clinical services that were being provided.

Dissemination of findings is important, as it will provide clinical social workers, elementary school counselors, and other mental health professionals with knowledge that may be used in their clinical setting. In the helping profession, sharing knowledge and contributing to the development of knowledge is part of the NASW Code of Ethics, Evaluation and Research (para. 5.02). Therefore, to reach the audiences that will benefit from the findings of this study, it will be submitted for publication in various scholarly journals. According to the NASW Code of Ethics, Integrity of the Profession (para. 5.01), social workers should share their knowledge with colleagues and contribute to professional literature. Therefore, I will disseminate the findings through either presentation at various workshops or conferences that focus on enhancing social work practice, especially regarding the COVID-19 pandemic.

Implications for Social Change

According to Finn (2020), social workers are responsible for promoting human well-being and enhancing the quality of life. Social workers create social change and work to help meet the basic needs of all individuals, especially those who are vulnerable. Through the exploration of mental health concerns and clinical services provided to vulnerable elementary-aged students, elementary school counselors highlighted a potential impact for social change. The potential for positive social change was highlighted for each level of social work practice, the micro, mezzo, and macro levels. On the micro level, mental health professionals can use the findings to be informed of mental health concerns that elementary-aged students experienced during the pandemic. This knowledge allows the mental health professional to understand what symptoms and

behavioral challenges may be present, allowing for appropriate planning for prevention and intervention strategies that will be efficient to provide to the students. This knowledge is helpful for school mental health professionals, as well as practitioners in a private setting.

On a mezzo level, the findings of this study have potential use for other school districts that have elementary-aged students who have been impacted by the COVID-19 pandemic, or who may be impacted in the future by a pandemic. The findings of this study provide knowledge on mental health and behavioral challenges that students experienced during the pandemic, as well as what clinical services were provided to address the concerns. Other school districts have the potential to utilize this data as a guide or framework when discussing and creating prevention and intervention strategies for their student population.

Lastly, on the macro level, the findings of this study suggest that a formal protocol needs to be created to ensure that mental health professionals have an evidence-based framework to follow, ensuring that students are receiving equitable clinical services to address their mental health needs in times of a pandemic.

Summary

Through this study, I explored elementary school counselors' observations of mental health concerns of elementary-aged students, what clinical services were provided to address the mental health concerns, and how elementary school counselors decided to provide the clinical services. As was noted by P6, there was a lot of anxiety and depression. Additionally, students were experiencing changes in their behavior and

ability to regulate their emotions. In an attempt to address these mental health concerns, the elementary school counselors used their professional judgement when deciding on appropriate clinical services. Many elementary school counselors shared that Second Step was the main social-emotional learning curriculum they provided to students during the pandemic. Many counselors also discussed their challenges and concerns with providing clinical services to students during the pandemic. Some counselors shared that they had concerns about students' confidentiality and others also discussed the inconsistency in the delivery method of clinical services being provided to students across the district.

As a school social worker, it was vital for me to understand what mental health concerns were present in the student population that I work with. Prior to this study, I was not aware of some of the behavior symptoms students were displaying, such as frequent crying, tantrums, and difficulty with leaving their parents. The results of this study have also impacted the way I interact with students and what services I provide. I have become more cognizant of the developmental stage of the students, and how the pandemic has impacted their regression or stagnation within a particular stage of Erikson's theory of psychosocial development. This mindfulness has allowed me as the school social worker, to meet the students where they are, rather than where they should be within the stage of Erikson's psychosocial development.

Lastly, this study is important because it has provided a foundation for school leaders and mental health professionals to create a formal protocol for prevention and intervention strategies for students during a pandemic. The protocol has the potential to ensure that all students' mental health needs are met in an efficient and timely manner.

This could decrease the severity and frequency of symptoms and behavioral challenges of students. It may prevent long-term impairment, stabilizing students' mental health and well-being.

References

- Abdillah, H., Setyosari, P., Lasan, B. B., & Muslihati, M. (2020). The acceptance of school counselor in the use of ICT during school from home in the COVID-19 era. *Journal for the Education of Gifted Young Scientists*, 8(4), 1569–1582.
<https://doi.org/10.17478/jegys.804939>
- Ainamani, H. E., Gumisiriza, N., & Rukundo, G. Z. (2020). Mental health problems related to COVID-19: A call for psychosocial interventions in Uganda. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(7), 809–811.
<https://doi.org/10.1037/tra0000670>
- American Psychological Association. (2020). Connecting with children and adolescents via telehealth during COVID-19. <https://www.apa.org/topics/covid-19/telehealth-children>
- American Psychological Association. (2021). *Congress should increase child and adolescent mental health care, says APA* [Press release].
<https://www.apa.org/news/press/releases/2021/09/increase-child-mental-health>
- American School Counselor Association. (n.d.-a). About ASCA.
<https://www.schoolcounselor.org/About-ASCA>
- American School Counselor Association. (n.d.-b). ASCA national model. Retrieved November 2, 2021 from <https://schoolcounselor.org/About-School-Counseling/ASCA-National-Model-for-School-Counseling-Programs>
- American School Counselor Association. (n.d.-c). *The role of the school counselor* [Fact sheet]. Retrieved January 4, 2022, from

<https://www.schoolcounselor.org/getmedia/ee8b2e1b-d021-4575-982c-c84402cb2cd2/Role-Statement.pdf>

American School Counselor Association. (2021). *State certification requirements*.

<https://www.schoolcounselor.org/About-School-Counseling/State-Requirements-Programs/State-Licensure-Requirements>

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development.

American Psychologist, 32(7), 513–531. <https://doi.org/10.1037/0003-066X.32.7.513>

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Browne, D. T., Wade, M., May, S. S., Maguire, N., Wise, D., Estey, K., & Frampton, P.

(2021). Children's mental health problems during the initial emergence of COVID-19. *Canadian Psychology*, 62(1), 65–72.

<https://doi.org/10.1037/cap0000273>

Buckley, M., & Robello, A. (2021). After the fires: Elementary school counselors respond. *Journal of School Counseling*, 19(1).

<https://files.eric.ed.gov/fulltext/EJ1290074.pdf>

Calvert, H. G., Lane, H. G., McQuilkin, M., Wenner, J. A., & Turner, L. (2022).

Elementary schools' response to student wellness needs during the COVID-19 shutdown: A qualitative exploration using the R = MC² readiness heuristic. *International Journal of Environmental Research and Public Health*, 19.

<https://doi.org/10.3390/ijerph19010279>

- Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report*, 21(5), 811-831.
<https://doi.org/10.46743/2160-3715/2016.2337>
- Centers for Disease Control and Prevention. (2022a). Preventing child abuse & neglect.
<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
- Centers for Disease Control and Prevention. (2022b). Omicron variant: What you need to know. <https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html>
- Chahal, N. (2021). Psychological effects of pandemic COVID-19 on children and adolescents worldwide – A case study. In *2021 12th International Conference on Computing Communication and Networking Technologies* (pp. 1-6). IEEE.
<https://doi.org/10.1109/ICCCNT51525.2021.9579832>
- Cherry, K. (2020). Industry vs. inferiority in psychosocial development: Stage four of psychosocial development. <https://www.verywellmind.com/industry-versus-inferiority-2795736>
- Chigangaidze, R. K. (2021). Risk factors and effects of the morbus: COVID-19 through the biopsychosocial model and ecological systems approach to social work practice. *Social Work in Public Health*, 36(2), 98–117.
<https://doi.org/10.1080/19371918.2020.1859035>
- Clemens, V., Deschamps, P., Fegert, J. M., Anagnostopoulos, D., Bailey, S., Doyle, M., Eliez, S., Hansen, A. S., Hebebrand, J., Hillegers, M., Jacobs, B., Karwautz, A., Kiss, E., Kotsis, K., Kumperscak, H. G., Pejovic-Milovancevic, M., Råberg Christensen, A. M., Raynaud, J.-P., Westerinen, H., & Visnapuu-Bernadt, P.

- (2020). Potential effects of “social” distancing measures and school lockdown on child and adolescent mental health. *European Child & Adolescent Psychiatry*, 29(6), 739–742. <https://doi.org/10.1007/s00787-020-01549-w>
- de Miranda, D. M., da Silva Athanasio, B., Sena Oliveira, A. C., & Simoes-e-Silva, A. C. (2020). How is COVID-19 pandemic impacting mental health of children and adolescents? *International Journal of Disaster Risk Reduction*, 51. <https://doi.org/10.1016/j.ijdr.2020.101845>
- DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, 7. <https://doi.org/10.1136/fmch-2018-000057>
- Demaria, F., & Vicari, S. (2021). COVID-19 quarantine: Psychological impact and support for children and parents. *Italian Journal of Pediatrics*, 47. <https://doi.org/10.1186/s13052-021-01005-8>
- Dhonju, G., Kunwar, A. R., Karki, U., Devkota, N., Bista, I., & Sah, R. (2021). Identification and management of COVID-19 related child and adolescent mental health problems: A multi-tier intervention model. *Frontiers in Public Health*, 8. <https://doi.org/10.3389/fpubh.2020.590002>
- Dictionary.com. (n.d.). Pandemic. In *Dictionary.com dictionary*. Retrieved January 6, 2022, from <https://www.dictionary.com/browse/pandemic>
- Długosz, P. (2021). Factors influencing mental health among American youth in the time of the Covid-19 pandemic. *Personality and Individual Differences*, 175. <https://doi.org/10.1016/j.paid.2021.110711>

- Erikson, E. H. (1958). *Childhood and society*. WW Norton & Co.
- Ernst, K., Bardhoshi, G., & Lanthier, R. P. (2017). Self-efficacy, attachment style and service delivery of elementary school counseling. *The Professional Counselor*, 7(2), 129–143. <https://doi.org/10.15241/ke.7.2.129>
- Evans, A. C., Jr. (2021). *Putting kids first: Addressing COVID-19's impacts on children* [Written testimony]. American Psychological Association. <https://www.apa.org/news/press/releases/2021/09/covid-19-children-testimony.pdf>
- Even, T. A., & Quast, H. L. (2017). Mental health and social emotional programming in schools: Missing link or misappropriation? *Journal of School Counseling*, 15(5), 1-32. <https://files.eric.ed.gov/fulltext/EJ1144762.pdf>
- Federal Emergency Management Agency (FEMA). (2021, August 20). *COVID-19 disaster declarations*. <https://www.fema.gov/disaster/coronavirus/disasterdeclarations>
- Finn, J. L. (2020). *Just practice: A social justice approach to social work* (4th ed.). Oxford University Press.
- Fitzgerald, D. A., Nunn, K., & Isaacs, D. (2021). What we have learnt about trauma, loss and grief for children in response to COVID-19. *Pediatric Respiratory Reviews*, 39, 16–21. <https://doi.org/10.1016/j.prrv.2021.05.009>
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408-1416. <https://doi.org/10.46743/2160-3715/2015.2281>

- Giannakopoulos, G., Mylona, S., Zisimopoulou, A., Belivanaki, M., Charitaki, S., & Kolaitis, G. (2021). Perceptions, emotional reactions and needs of adolescent psychiatric inpatients during the COVID-19 pandemic: A qualitative analysis of in-depth interviews. *BMC Psychiatry*, 21. <https://doi.org/10.1186/s12888-021-03378-w>
- Glasper, A. (2021). Providing mental health support for children and young people in schools. *British Journal of Nursing*, 30(12), 760–761. <https://doi.org/10.12968/bjon.2021.30.12.760>
- González-Colmenero, F. D., Millan-Alanis, J. M., Barrera, F. J., & Saucedo-Urbe, E. (2021). Letter to the editor: “Prevalence of mental health problems among children and adolescents during the COVID-19 pandemic: A systematic review and meta-analysis.” *Journal of Affective Disorders*, 294, 479–480. <https://doi.org/10.1016/j.jad.2021.07.069>
- Guy-Evans, O. (2020, November 9). *Bronfenbrenner’s ecological systems theory*. Simply Psychology. <https://www.simplypsychology.org/Bronfenbrenner.html>
- Hastuti, M. M. S., & Tyas, P. H. P. (2021). Online media usage in guidance and counseling services during Covid-19 pandemic. *Jurnal Kajian Bimbingan Dan Konseling*, 6(2), 60–70. <https://doi.org/10.17977/um001v6i22021p060-070>
- Hawke, L. D., Barbic, S. P., Voineskos, A., Szatmari, P., Cleverley, K., Hayes, E., Relihan, J., Daley, M., Courtney, D., Cheung, A., Darnay, K., & Henderson, J. L. (2020). Impacts of COVID-19 on youth mental health, substance use, and well-

- being: A rapid survey of clinical and community samples. *The Canadian Journal of Psychiatry*, 65(10), 701–709. <https://doi.org/10.1177/0706743720940562>
- Henderson, M. D., Schmus, C. J., McDonald, C. C., & Irving, S. Y. (2020). The COVID-19 pandemic and the impact on child mental health: A socio-ecological perspective. *Pediatric Nursing*, 46(6), 267–290.
<http://www.pediatricnursing.net/issues/20novdec/267.pdf>
- Herron, M. (n.d.). *Embrace OKC Overview: What is EmbraceOKC?* Retrieved April 19, 2022 from <https://www.okcps.org/embraceokc>
- Imran, N., Zeshan, M., & Pervaiz, Z. (2020). Mental health considerations for children & adolescents in COVID-19 pandemic. *Pakistan Journal of Medical Sciences*, 36(COVID19 Suppl. 4), S67–S72. <https://doi.org/10.12669/pjms.36.COVID19-S4.2759>
- Karaman, M. A., Eşici, H., Tomar, İ. H., & Aliyev, R. (2021). COVID-19: Are school counseling services ready? Students' psychological symptoms, elementary school counselors' views, and solutions. *Frontiers in Psychology*, 12.
<https://doi.org/10.3389/fpsyg.2021.647740>
- King-White, D. L. (2019). The role of school counselors in supporting mental health models in schools. *Journal of School Counseling*, 17(4).
<https://files.eric.ed.gov/fulltext/EJ1210764.pdf>
- Kira, I. A., Shuwiekh, H. A. M., Ashby, J. S., Elwakeel, S. A., Alhuwailah, A., Sous Fahmy Sous, M., Bint Ali Baali, S., Azdaou, C., Oliemat, E. M., & Jamil, H. J. (2023). The impact of COVID-19 traumatic stressors on mental health: Is

COVID-19 a new trauma type. *International Journal of Mental Health and Addiction*, 21, 51-70. <https://doi.org/10.1007/s11469-021-00577-0>

Klein, A. (2021, March 31). 'I miss the interaction': The pandemic has thrown curveballs at elementary school counselors. *Education Week*.

<https://www.edweek.org/leadership/i-miss-the-interaction-the-pandemic-has-thrown-curveballs-at-school-counselors/2021/03>

Liu, Q., Zhou, Y., Xie, X., Xue, Q., Zhu, K., Wan, Z., Wu, H., Zhang, J., & Song, R. (2021). The prevalence of behavioral problems among school-aged children in home quarantine during the COVID-19 pandemic in China. *Journal of Affective Disorders*, 279, 412–416. <https://doi.org/10.1016/j.jad.2020.10.008>

Liu, Y., Yue, S., Hu, X., Zhu, J., Wu, Z., Wang, J., & Wu, Y. (2021). Associations between feelings/behaviors during COVID-19 pandemic lockdown and depression/anxiety after lockdown in a sample of Chinese children and adolescents. *Journal of Affective Disorders*, 284, 98–103.

<https://doi.org/10.1016/j.jad.2021.02.001>

Ma, L., Mazidi, M., Li, K., Li, Y., Chen, S., Kirwan, R., Zhou, H., Yan, N., Rahman, A., Wang, W., & Wang, Y. (2021). Prevalence of mental health problems among children and adolescents during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Affective Disorders*, 293, 78–89.

<https://doi.org/10.1016/j.jad.2021.06.021>

Magklara, K., & Lazaratou, H. (2021). COVID-19 and mental health in urban and rural areas of Greece. *Journal of Rural Mental Health, 45*(1), 61–62.

<https://doi.org/10.1037/rmh0000147>

Malboeuf-Hurtubise, C., Lefrançois, D., Mageau, G. A., Taylor, G., Éthier, M.-A., Gagnon, M., & DiTomaso, C. (2020). Impact of a combined philosophy and mindfulness intervention on positive and negative indicators of mental health among pre-kindergarten children: Results from a pilot and feasibility study.

Frontiers in Psychiatry, 11. <https://doi.org/10.3389/fpsyt.2020.510320>

Malboeuf-Hurtubise, C., Léger-Goodes, T., Mageau, G. A., Taylor, G., Herba, C. M., Chadi, N., & Lefrançois, D. (2021). Online art therapy in elementary schools during COVID-19: Results from a randomized cluster pilot and feasibility study and impact on mental health. *Child and Adolescent Psychiatry and Mental Health, 15*. <https://doi.org/10.1186/s13034-021-00367-5>

Mayo Clinic. (2022, April 1). *Coronavirus disease 2019 (COVID-19)*.

<https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/syc-20479963>

McKune, S. L., Acosta, D., Diaz, N., Brittain, K., Joyce-Beaulieu, D., Maurelli, A. T., & Nelson, E. J. (2021). Psychosocial health of school-aged children during the initial COVID-19 safer-at-home school mandates in Florida: A cross-sectional study. *BMC Public Health, 21*. <https://doi.org/10.1186/s12889-021-10540-2>

McLeod, S. (2018). *Erik Erikson's stages of psychosocial development*. Simply

Psychology. <https://www.simplypsychology.org/Erik-Erikson.html>

MentalHealth.gov. (2022, February 28). *What is mental health?*

<https://www.mentalhealth.gov/basics/what-is-mental-health>

Merriam, S. B., & Tisdell, E.J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Merikangas, K., Milham, M., & Stringaris, A. (n.d.). *The Coronavirus health impact survey (CRISIS)*. Retrieved February 2, 2022, from <http://www.crisissurvey.org/>

Mohler-Kuo, M., Dzemaili, S., Foster, S., Werlen, L., & Walitza, S. (2021). Stress and mental health among children/adolescents, their parents, and young adults during the first COVID-19 lockdown in Switzerland. *International Journal of Environmental Research and Public Health*, 18(9).

<https://doi.org/10.3390/ijerph18094668>

Mutumba, M., & Harper, G. W. (2015). Mental health and support among young key populations: An ecological approach to understanding and intervention. *Journal of the International AIDS Society*, 18(2 Suppl. 1).

<https://doi.org/10.7448/IAS.18.2.19429>

National Association of Social Workers. (2021). *Code of ethics of the National Association of Social Workers*.

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Nichols, L. M., Goforth, A. N., Sacra, M., & Ahlers, K. (2017). Collaboration to support rural student social-emotional needs. *Rural Educator*, 38(1), 38–48.

<https://doi.org/10.35608/ruraled.v38i1.234>

- North, C. S., Surís, A. M., & Pollio, D. E. (2021). A nosological exploration of PTSD and trauma in disaster mental health and implications for the COVID-19 pandemic. *Behavioral Sciences, 11*(1). <https://doi.org/10.3390/bs11010007>
- North Carolina Department of Public Instruction. (n.d.). *The Every Student Succeeds Act (ESSA) and NC school counseling* [Summary of ESSA and effective use of elementary school counselors in promoting student success]. Retrieved February 18, 2022, from <https://www.dpi.nc.gov/media/4649/download>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1). <https://doi.org/10.1177/1609406917733847>
- O’Sullivan, K., Clark, S., McGrane, A., Rock, N., Burke, L., Boyle, N., Joksimovic, N., & Marshall, K. (2021). A qualitative study of child and adolescent mental health during the COVID-19 pandemic in Ireland. *International Journal of Environmental Research and Public Health, 18*(3). <https://doi.org/10.3390/ijerph18031062>
- Okuyama, J., Seto, S., Fukuda, Y., Funakoshi, S., Amae, S., Onobe, J., Izumi, S., Ito, K., & Imamura, F. (2021). Mental health and physical activity among children and adolescents during the COVID-19 pandemic. *Tohoku Journal of Experimental Medicine, 253*(3), 203–215. <https://doi.org/10.1620/tjem.253.203>
- Orenstein, G. A., & Lewis, L. (2021). *Eriksons stages of psychosocial development*. StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK556096/>

- Pathak, V., Jena, B., & Kalra, S. (2013). Qualitative research. *Perspectives in Clinical Research*, 4(3), 192. <https://doi.org/10.4103/2229-3485.115389>
- Pincus, R., Ebersol, D., Justice, J., Hannor-Walker, T., & Wright, L. (2021). School counselor roles for student success during a pandemic. *Journal of School Counseling*, 19(29), 1–36. <https://files.eric.ed.gov/fulltext/EJ1325665.pdf>
- Poudel, K., & Subedi, P. (2020). Impact of COVID-19 pandemic on socioeconomic and mental health aspects in Nepal. *International Journal of Social Psychiatry*, 66(8), 748–755. <https://doi.org/10.1177/0020764020942247>
- Raballo, A., Poletti, M., Valmaggia, L., & McGorry, P. D. (2021). Editorial perspective: Rethinking child and adolescent mental health care after COVID-19. *Journal of Child Psychology & Psychiatry*, 62(9), 1067–1069. <https://doi.org/10.1111/jcpp.13371>
- Ravindran, V. (2019). Data analysis in qualitative research. *Indian Journal of Continuing Nursing Education*, 20(1), 40-45. https://doi.org/10.4103/IJCN.IJCN_1_19
- Ravitch, S. M., & Carl, N. M. (2021). *Qualitative research: Bridging the conceptual, theoretical, and methodological* (2nd ed.). SAGE Publications.
- Rothstein, M. A. (2020). The Coronavirus pandemic: Public health and American values. *Journal of Law, Medicine & Ethics*, 48(2), 354–359. <https://doi.org/10.1177/1073110520935350>
- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). SAGE Publications.

- Sargeant, J. (2012). Qualitative research Part II: Participants, analysis, and quality assurance. *Journal of Graduate Medical Education*, 4(1), 1–3.
<https://doi.org/10.4300/JGME-D-11-00307.1>
- Sharma, V., Ortiz, M. R., & Sharma, N. (2020). Risk and protective factors for adolescent and young adult mental health within the context of COVID-19. A perspective from Nepal. *Journal of Adolescent Health*, 67(1), 135–137.
<https://doi.org/10.1016/j.jadohealth.2020.04.006>
- Statistics Solutions. (n.d.-a). What is dependability in qualitative research and how do we establish it? *Statistical Consulting Blog*. Retrieved December 10, 2021, from <https://www.statisticssolutions.com/what-is-dependability-in-qualitative-research-and-how-do-we-establish-it/>
- Statistics Solutions. (n.d.-b). What is transferability in qualitative research and how do we establish it? *Statistical Consulting Blog*. Retrieved December 10, 2021, from <https://www.statisticssolutions.com/what-is-transferability-in-qualitative-research-and-how-do-we-establish-it/>
- Stewart, S. L., Vasudeva, A. S., Van Dyke, J. N., & Poss, J. W. (2022). Child and youth mental health needs and service utilization during COVID-19. *Traumatology*, 28(3), 311–324. <https://doi.org/10.1037/trm0000345>
- Stratton, S. J. (2021). Population research: Convenience sampling strategies. *Prehospital and Disaster Medicine*, 36(4), 373-374.
<https://doi.org/10.1017/S1049023X21000649>

- Suhail, A., Iqbal, N., & Smith, J. (2021). Lived experiences of Indian youth amid COVID-19 crisis: An interpretative phenomenological analysis. *International Journal of Social Psychiatry*, 67(5), 559–566.
<https://doi.org/10.1177/0020764020966021>
- Tanhan, A., Yavuz, K. F., Young, J. S., Nalbant, A., Arslan, G., Yıldırım, M., Ulusoy, S., Genç, E., Uğur, E., & Çiçek, İ. (2020). A proposed framework based on literature review of online contextual mental health services to enhance well-being and address psychopathology during COVID-19. *Electronic Journal of General Medicine*, 17(6). <https://doi.org/10.29333/ejgm/8316>
- Teach.com. (n.d.). *Urban schools*. Retrieved November 14, 2021, from <https://teach.com/careers/become-a-teacher/where-can-i-teach/types-of-schools/urban/>
- Terepka, A., Torres-Pagán, L., & De La Fuente, A. (2021). Schools on the front lines: School based health centers amidst COVID-19. *School Psychology*, 36(5), 398–409. <https://doi.org/10.1037/spq0000432>
- Torres-Pagán, L., Terepka, A., Zhen-Duan, J., & Piombo, M. (2022). Multiphasic process model of interventions: Revisiting school-based mental health provider responses to student’s mental health in the wake of COVID-19. *Psychological Services* 19(Suppl 2), 46–57. <https://doi.org/10.1037/ser0000545>
- U.S. Department of Health & Human Services, Digital Communications Division. (n.d.). *What is the difference between isolation and quarantine?* Retrieved January 19,

2022, from <https://www.hhs.gov/answers/public-health-and-safety/what-is-the-difference-between-isolation-and-quarantine/index.html>

Universal Teacher. (n.d.). *Confirmability in qualitative research*. Retrieved January 6, 2022, from <https://universalteacher.com/1/confirmability-in-qualitative-research>

Vasileva, M., Alisic, E., & De Young, A. (2021). COVID-19 unmasked: Preschool children's negative thoughts and worries during the COVID-19 pandemic in Australia. *European Journal of Psychotraumatology*, *12*(1).
<https://doi.org/10.1080/20008198.2021.1924442>

Warning over effects of pandemic on young people's mental health. (2021). *Education Journal*, *446*, 20–21.

Williams, G. (2019). *Applied qualitative research design*. ED-Tech Press.

Zhou, X. (2020). Managing psychological distress in children and adolescents following the COVID-19 epidemic: A cooperative approach. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(Suppl. 1), S76–S78.
<https://doi.org/10.1037/tra0000754>

Appendix A: Demographic Questionnaire

The Topic of Research Study: Mental Health Impacts of COVID-19 and Clinical Services in Elementary Schools

Participant's Name: _____

1. Do you have experience with providing clinical services such as social/emotional learning interventions to elementary-aged students (5-11 years old)?

Yes, or No?

2. Were you an elementary school counselor in an urban school district prior to COVID-19?

Yes, or No?

If yes, were you an elementary school counselor in the same school district during the pandemic from March 2020 to January 2022?

Yes, or No?

If yes, what year did you begin employment with this district? _____

3. Are you still employed with the same district?

Yes, or No?

4. What are your counseling credentials? _____

5. What is your highest level of degree in? _____

6. How many years have you been an elementary school counselor? _____

Appendix B: Interview Protocol

Participant ID#:

Date of Interview:

Time and Length of Interview:

Location of Interview:

The Topic of Research Study: Mental Health Impacts of COVID-19 and Clinical Services in Elementary Schools

Research and Interview Questions:

RQ1: What type of mental health concerns did elementary school counselors observe among Kindergarten through Fourth-grade students in urban Oklahoma during the COVID-19 pandemic?

1. Since the beginning of the COVID-19 pandemic from March 2020 to January 2022 what type of mental health concerns did you notice among students in the school?

Probe:

- (a) To what extent are these mental health concerns similar to or different from the mental health concerns among students before the pandemic?
2. Did you notice any other changes in the behaviors of students since the pandemic?

RQ2: How do elementary school counselors describe the clinical services provided to address mental health concerns of students during the COVID-19 pandemic?

3. What type of clinical services did you provide to address the mental health concerns of students during the COVID-19 pandemic?
4. Can you describe how you provided those clinical services to students?

RQ3: How do elementary school counselors describe how they arrived at the decision to provide the clinical services used to address students' mental health concerns?

5. How did you arrive at the decision to provide the clinical services used to address the students' mental health concerns?

Probe:

- (a) Did you receive any official or professional guidelines about how to provide those clinical services during the pandemic? If yes, tell me more about it.